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**Australian Institute of
Health and Welfare**

National opioid pharmacotherapy statistics annual data collection 2012

DRUG TREATMENT SERIES NO. 20



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Australian Institute of
Health and Welfare

*Authoritative information and statistics
to promote better health and wellbeing*

AIHW DRUG TREATMENT SERIES

Number 20

National Opioid Pharmacotherapy Statistics Annual Data Collection 2012

Australian Institute of Health and Welfare
Canberra

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Abbreviations

ABS	Australian Bureau of Statistics
ACT	Australian Capital Territory
AIHW	Australian Institute of Health and Welfare
AODTS NMDS	Alcohol and Other Drug Treatment Services National Minimum Data Set
ASGC	Australian Standard Geographical Classification
C-POP	Community Program for Opioid Pharmacotherapy
DAPIIS	Drug and Alcohol Pharmacy Information System
DASSA	Drug and Alcohol Services South Australia
DoHA	(Australian Government) Department of Health and Ageing
GP	General practice
HIV	Human immunodeficiency virus
MODDS	Monitoring of Drugs of Dependence System
NAS	Neonatal Abstinence Syndrome
NDARC	National Drug and Alcohol Research Centre
NOPSAD	National Opioid Pharmacotherapy Statistics Annual Data
NSW	New South Wales
NT	Northern Territory
ODSP	Opioid Dependence Substitution Program
PBS	Pharmaceutical Benefits Scheme
PHDAS	Pharmaceutical Drugs of Addiction System
Qld	Queensland
SA	South Australia
SOSP	Suboxone® Opioid Substitution Program
Tas	Tasmania
Vic	Victoria
WA	Western Australia
WHO	World Health Organization

Symbols

—	nil or rounded to zero
. .	not applicable
n.a.	not available
n.p.	not publishable because of small numbers, confidentiality or other concerns about the quality of the data

Summary

People who have become dependent on opioid drugs (such as heroin, morphine or codeine) may receive a replacement oral pharmacotherapy drug (such as methadone or buprenorphine) as part of their treatment.

Almost 47,000 Australians received pharmacotherapy treatment for their opioid dependence on a snapshot day in June 2012.

The number of people receiving opioid pharmacotherapy treatment has almost doubled since 1998 (from around 25,000 people), but growth in client numbers has slowed in recent years (to less than 1% a year from 2010 to 2012).

Methadone continues to be the drug most commonly prescribed; however, the form in which buprenorphine is prescribed is changing.

Around two-thirds (68%) of clients received methadone in 2012, with the proportion remaining relatively stable since 2006. The remaining third (32%) received one of two forms of buprenorphine. Of these, the proportion receiving buprenorphine only has fallen (from 23% to 13%) while the proportion receiving buprenorphine combined with naloxone has risen (from 6% to 19%) over the same period. Naloxone is added to buprenorphine to deter injection of the medication.

Opioid pharmacotherapy clients are getting older.

In 2012, around two-thirds (69%) of clients were aged 30 to 49, and this proportion has been fairly consistent since 2006. However, from 2006 to 2012 the proportion of clients aged less than 30 halved (from 28% to 13%), and the proportion of clients aged 50 and over doubled (from 8% to 18%). This suggests an ageing population of clients in pharmacotherapy treatment.

Males and Indigenous people are over-represented in pharmacotherapy treatment.

Around two-thirds (65%) of clients receiving pharmacotherapy in June 2012 were male. Where reported, almost 1 in 10 (9%) clients identified as Indigenous. Indigenous people were almost 3 times as likely to have received pharmacotherapy treatment as the population as a whole.

Prescriber numbers have increased, and most work in the private sector.

There were 1,768 prescribers of opioid pharmacotherapy in Australia in 2012, an increase of 14% from 2011. On average, each prescriber treated fewer clients, with the ratio of clients per prescriber falling from 30 in 2011 to 26 in 2012. The majority of prescribers worked in the private sector (82%) and were authorised to prescribe more than one type of pharmacotherapy drug (70%).

Most dosing points were located in pharmacies and in urban areas.

Most clients need to attend a dosing point regularly to take their opioid pharmacotherapy drug under supervision. In 2011–12 there were 2,226 dosing point sites in Australia, and 9 in 10 (88%) were located in pharmacies. The majority of dosing points were located in *Major cities* (60%) and *Inner regional* areas (24%), with only 1 in 50 (2%) located in *Remote* or *Very remote* areas.

1 Introduction

Dependence on opioid drugs such as heroin or morphine is associated with a range of health and social problems that affect not only the individual drug user but also their family and the community. Opioid dependence is considered a serious public health issue (Box 1.1; WHO 2013). In 2010, about 3% of Australians had used opioids for non-medical reasons (AIHW 2011). Among those Australians seeking treatment for drug and alcohol problems in 2010–11, opioids were the primary drug of concern in about 1 in 7 (14%) treatment episodes (AIHW 2012).

Box 1.1: What is drug dependence?

Drug dependence is a condition characterised by patterns of thought and behaviour that relate to drug seeking and using, and may be expressed differently from person to person. The *Diagnostic and statistical manual of mental disorders* (APA 2000) requires that for a diagnosis of drug dependence a person must have had at least 3 of the following in a 12-month period:

- tolerance, defined by either the need for more of the drug to achieve the same effect, or a diminished effect when using the same amount of the drug
- withdrawal, defined by either the characteristic withdrawal symptoms for the particular drug, or the use of the same or closely related drugs, to reduce or avoid withdrawal symptoms
- the drug is taken in larger amounts or over a longer period than intended
- a persistent desire to stop or unsuccessful attempts to stop using the drug
- a large amount of time is spent getting, using or recovering from the drug
- important social, occupational or recreational activities are given up or reduced because of drug use
- the drug is still used even though it is known to cause or exacerbate a physical or mental problem.

What are opioid drugs?

Opioid drugs have a morphine-type action in the body and depress the central nervous system. They are widely used to treat pain due to their analgesic effect. Other effects include sedation and euphoria, and repeated use of opioids can lead to drug dependence (NSW Health 2006).

People may become dependent on one or more opioid drugs, including:

- illicit opioids, predominantly heroin (WHO 2013)
- prescription opioids (whether prescribed for the person or obtained illicitly) such as morphine and oxycodone (Roxburgh et al. 2011)
- over-the-counter opioids in which the opioid drug codeine is combined with a non-opioid analgesic such as paracetamol or ibuprofen (Nielsen et al. 2010).

What problems can opioid dependence cause?

Problems associated with heroin dependence include:

- overdose deaths
- the spread of diseases such as HIV and Hepatitis B and C due to needle sharing
- medical and psychological complications
- social and family disruption
- harm to the welfare of children
- violence and drug-related crime (NSW Health 2006).

Overdose, injection-related harms and harms due to dependence are also related to the non-medical use of prescription opioids (Roxburgh et al. 2011). Dependence on over-the-counter opioids can also lead to life-threatening paracetamol or ibuprofen overdose due to the large number of tablets taken to achieve the required codeine dose (Nielsen et al. 2010).

What treatment is available?

Opioid dependence is a chronic, relapsing condition that requires long-term treatment. Treatment is tailored to the person's individual circumstances, and treatment types may be combined (for example, opioid pharmacotherapy combined with counselling) or varied over time (NDARC 2004). The 3 main treatment approaches for opioid dependence are:

- detoxification (also called withdrawal)
- opioid pharmacotherapy (also called substitution or maintenance treatment)
- abstinence-based treatments:
 - self-help groups
 - counselling
 - therapeutic communities (NDARC 2004).

The broad goal of treatment for opioid dependence is to reduce the health, social and economic harms to individuals and the community arising from dependence (DoHA 2007).

Pharmacotherapy treatment

Opioid pharmacotherapy involves replacing the drug of dependence with a legally obtained, longer-lasting opioid that is taken orally. It reduces or eliminates withdrawal symptoms and drug cravings (NDARC 2004). Research suggests that pharmacotherapy treatment reduces heroin use and associated criminal behaviour and improves physical and mental health and social functioning (Ritter & Chalmers 2009).

In Australia, 3 medications are registered for short-term detoxification and long-term maintenance treatment for opioid-dependent people:

- methadone oral liquid (available since 1969)
- buprenorphine tablet (available since 2000)
- buprenorphine-naloxone tablet (available since 2005) or film (available since 2011) (DoHA 2007; DoHA 2012)

Box 1.2: Pharmacotherapy types in the NOPSAD collection

Methadone (Methadone Syrup®, Biodone Forte®)

Methadone is a synthetic opioid used to treat heroin and other opioid dependence. It reduces opioid withdrawal symptoms, the desire to take opioids and the euphoric effect when opioids are used. It is taken orally on a daily basis (DoHA 2007).

Buprenorphine (Subutex®)

Buprenorphine acts in a similar way to methadone, but is longer-lasting and may be taken daily or every second or third day. Two buprenorphine preparations are registered in Australia for the treatment of opioid dependence: a product containing buprenorphine only and a combined product containing buprenorphine and naloxone. The buprenorphine-only product is available as a tablet containing buprenorphine hydrochloride that is administered sublingually (by dissolving under the tongue) (DoHA 2007).

Buprenorphine-naloxone (Suboxone®)

The combination buprenorphine-naloxone product is a sublingual tablet or film (as of 1 September 2011) containing buprenorphine hydrochloride and naloxone hydrochloride (DoHA 2012). It is recommended that buprenorphine-naloxone should be prescribed in preference to buprenorphine for most clients receiving takeaway doses (DoHA 2007). This is because, when taken as intended by dissolving the tablet or film under the tongue, the combined product acts as if it was buprenorphine alone. However, if the combined product is injected, naloxone blocks the effects of buprenorphine and increases opioid withdrawal symptoms. This reduces the risk that those receiving buprenorphine-naloxone as a takeaway dose will inject it or sell it to others to inject (Chapleo & Walter 1997; DoHA 2007; Dunlop 2007).

Reporting systems in New South Wales do not distinguish between buprenorphine and buprenorphine-naloxone. As such, New South Wales data relating to both these products are reported under the category of buprenorphine.

How is opioid pharmacotherapy provided in Australia?

The current Australian opioid pharmacotherapy system seeks to strike a balance between maximising accessibility of treatment and minimising the risks associated with non-compliance (injecting medication) and diversion (selling or swapping medication) (Ritter & Chalmers 2009). Methadone and buprenorphine are Schedule 8 (controlled) drugs, which means there are strict regulations associated with their use (Ritter & Chalmers 2009).

Clients seek or are referred to treatment for their opioid dependence. A health professional who is authorised to provide opioid pharmacotherapy (a prescriber) prescribes one of methadone, buprenorphine or buprenorphine-naloxone as part of the client's treatment plan. Clients are not usually given a whole course of their medication for use at home. Rather, the client attends a dosing point regularly and takes one dose of their prescribed medication under the supervision of a pharmacist or other health professional. Some takeaway doses may be given to eligible clients. See Box 1.3 for more information.

The Australian and state and territory governments share responsibility and costs for the provision of opioid pharmacotherapy services.

As described by Ritter and Chalmers (2009), the Australian Government:

- sets the national policy for opioid pharmacotherapy (DoHA 2007; new policy due 2013)
- provides national clinical practice guidelines for methadone and buprenorphine (Henry-Edwards et al. 2003; Lintzeris et al. 2006)
- provides methadone and buprenorphine free of charge to the dosing body under the Pharmaceutical Benefits Scheme (PBS)
- funds private-sector prescribing (for example, by general practitioners) through Medicare.

The state and territory governments:

- administer the delivery of opioid pharmacotherapy
- set policies and clinical guidelines for their jurisdiction
- regulate, train and accredit prescribers and dosing points
- register and monitor clients
- fund prescribing and dosing in public clinics and prisons
- subsidise service providers in some instances.

Further information on the opioid pharmacotherapy system and how it varies between states and territories is provided in Chapter 5.

What information is included in the NOPSAD collection?

Information about specialist drug and alcohol treatment services and their clients is collected by jurisdictions and compiled by the Australian Institute of Health and Welfare (AIHW) to form the Alcohol and Other Drug Treatment Services National Minimum Data Set (AODTS NMDS). This information is reported separately (AIHW 2012). However, the diversity in treatment settings for opioid pharmacotherapy, including correctional facilities and private clinics, as well as the role of pharmacists and general practitioners in delivering opioid pharmacotherapy, place it out of scope for the AODTS NMDS. Instead, data on clients receiving opioid pharmacotherapy treatment are routinely collected by state and territory health departments. Until 2005, data were provided each year to the Australian Government Department of Health and Ageing (DoHA).

The National Opioid Pharmacotherapy Statistics Annual Data (NOPSAD) collection commenced in 2005 and comprises data about opioid pharmacotherapy clients, prescribers and dosing points collected by state and territory health departments and reported to the AIHW. Refer to Box 1.3 for further information. While states and territories strive to report data consistent with agreed standards, the NOPSAD collection is not a national minimum data set and some discrepancies exist in the ways in which data are reported. These discrepancies are discussed in more detail in Table 5.1 and Table 5.2.

Box 1.3: Definitions

Several terms are used throughout this publication that are specific to this report and subject matter. Full definitions are in the *National Opioid Pharmacotherapy Statistics Annual Data (NOPSAD) 2012 collection data guide* (AIHW 2012a). This data guide is made available each year to complement the NOPSAD report and provide a clearer understanding about what is and what is not being reported.

Specified/snapshot day or snapshot day is a particular day, usually in June each year, on which clients are counted for the NOPSAD collection. This allows the number of clients to be estimated at a single point in time. The snapshot day varies between states and territories. See Table 5.1 for information about the use of the snapshot day for each state and territory.

Client refers to a person registered as receiving opioid pharmacotherapy treatment on the snapshot day.

Prescriber refers to a registered prescriber who is accredited and/or authorised to prescribe a pharmacotherapy drug and who has not been recorded as ceasing this registration before the snapshot day. More specifically, prescribers are included in the count if they are registered or authorised prescribers, or **active prescribers**, that is, prescribers who are scripting at least one client during the reporting period (that is, each financial year).

Prescriber type is defined as the sector (public or private) in which the prescriber is practising when prescribing pharmacotherapy drugs.

Dosing point site refers to a place at which at least one client is provided a pharmacotherapy drug on the snapshot day. Sites include public and private clinics (such as methadone clinics), pharmacies, correctional facilities, hospitals (inpatients and outpatients) and other locations such as community health centres and doctors' surgeries.

What is the NOPSAD collection used for?

The NOPSAD collection is one of a number of data sources that provide a picture of alcohol and other drug treatment services in Australia. Data from the collection can be considered with information from other sources (for instance, the AODTS NMDS and the National Drug Strategy Household Survey) to inform debate, policy decisions and planning processes that occur within the broader alcohol and other drug treatment sector. More specifically, pharmacotherapy data are used in states and territories to:

- monitor resources required for pharmacotherapy treatment, such as the number of prescribers and dosing point sites
- monitor and plan services (for example, monitoring prescriber patterns and the number of clients)
- develop and refine policies relating to the treatment of clients with opioid dependency
- track the number of clients moving between the public and private sectors.

Data are also used to fill gaps in national treatment services data. See appendices A, B and C for more information about the NOPSAD data as well as related data collections.

The NOPSAD reports are available free online at < www.aihw.gov.au/alcohol-and-other-drugs/ >.

2 Clients

This chapter presents information about people who were clients of opioid pharmacotherapy treatment on the snapshot day in June 2012.

As this chapter shows, clients vary in age, sex and Indigenous status. The example client described in Box 2.1 represents the most common demographic and treatment characteristics, but does not illustrate the diversity of clients receiving opioid pharmacotherapy. It is a hypothetical example and is not based on any one client.

Box 2.1: An example of an opioid pharmacotherapy client

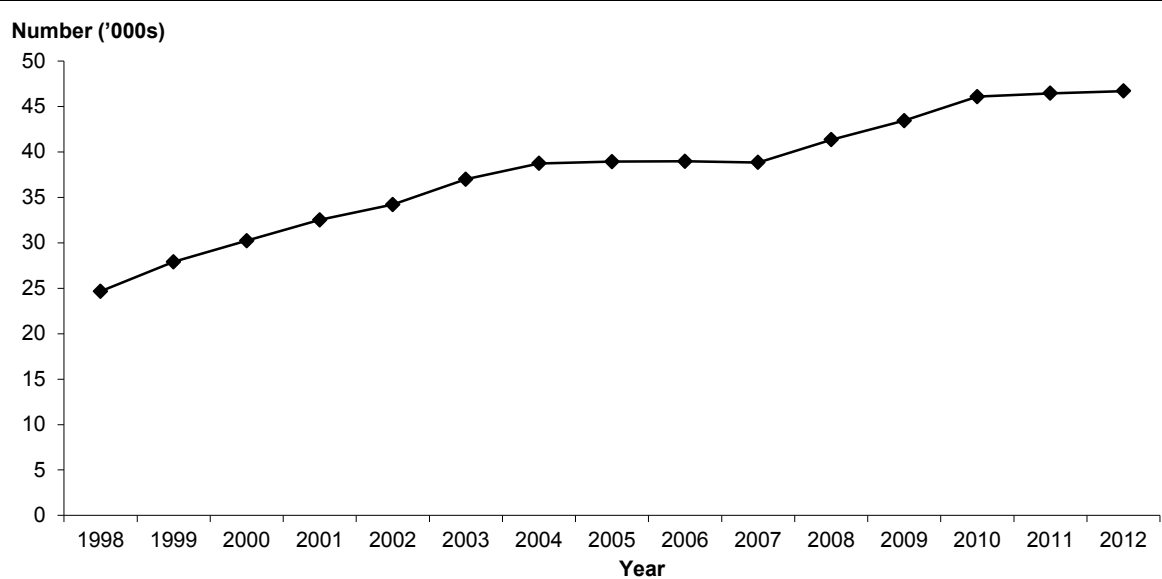
Jason tried a lot of drugs as a teenager, but never thought he would become a heroin addict. He started using heroin occasionally on weekends, but soon found he had to have it every day. After losing his job and his partner due to his habit, he sought treatment. He was started on methadone maintenance treatment, and was also given counselling.

Jason has since learnt that he is a fairly typical opioid pharmacotherapy client: around 40 years old, male and living in a big city. His treatment is managed by his GP, who has completed specialised training so that he can prescribe methadone. Jason visits his local pharmacy several times a week to take his methadone under the supervision of the pharmacist. Because he has been doing well on the program, he is allowed to have some of his methadone doses unsupervised. This means he can take home some of his methadone doses and he does not have to go to the pharmacy every day.

Apart from one relapse, methadone has helped Jason to stop taking heroin. Now that he doesn't have to spend all his time and money trying to get his next 'fix', he feels more in control of his life, and has recently started working again.

2.1 How many people receive pharmacotherapy treatment?

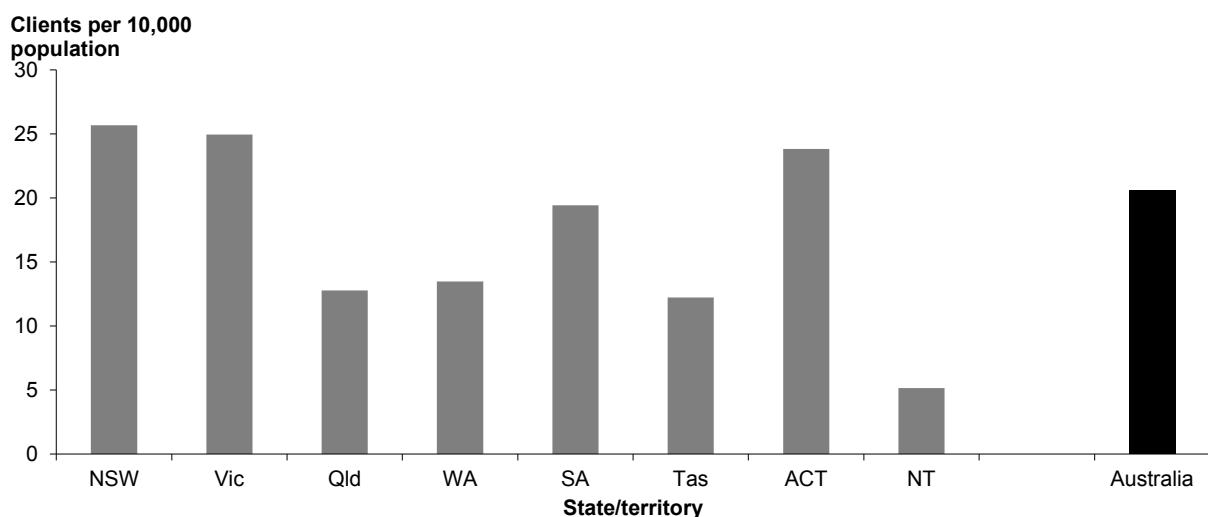
On a snapshot day in June 2012, 46,697 clients were receiving pharmacotherapy treatment in Australia. Client numbers grew slightly (by less than 1% annually) between 2010 and 2012. In contrast, between 1998 and 2004, and again between 2007 and 2010, client numbers grew by 5–13% a year (Figure 2.1).



Source: Table A1.

Figure 2.1: Clients receiving pharmacotherapy on a snapshot day, 1998–2012

Nationally, the number of clients per 10,000 people increased from 13 in 1998 to 21 in 2010, and remained at 21 in 2011 and 2012 (Table A2). In 2012, New South Wales (26 clients per 10,000 population) had the highest rate of clients, followed by Victoria (25), and the Australian Capital Territory (24). The Northern Territory had the lowest rate of clients (5 clients per 10,000 population), followed by Tasmania (12) (Figure 2.2). The low rate of clients in the Northern Territory may be partially attributable to the absence of an established heroin market in Darwin (Moon 2010), the impact of remote locations on treatment delivery and a highly mobile population. Rates for all states and territories were similar to those reported in 2011.



Source: Table A2.

Figure 2.2: Clients receiving pharmacotherapy by state and territory, on a snapshot day in 2012

2.2 What drugs do clients receive?

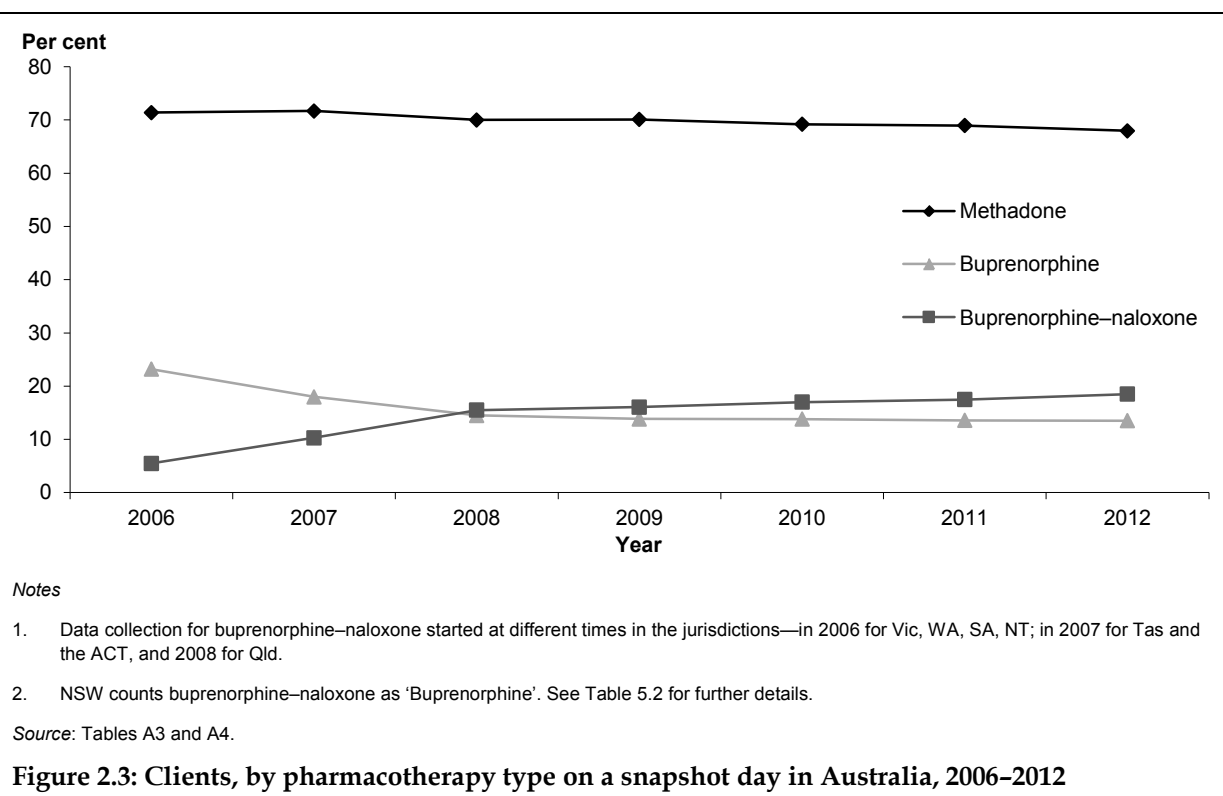
On a snapshot day in June 2012:

- 68% of clients received methadone
- 13% received buprenorphine
- 19% received buprenorphine–naloxone (Table A3).

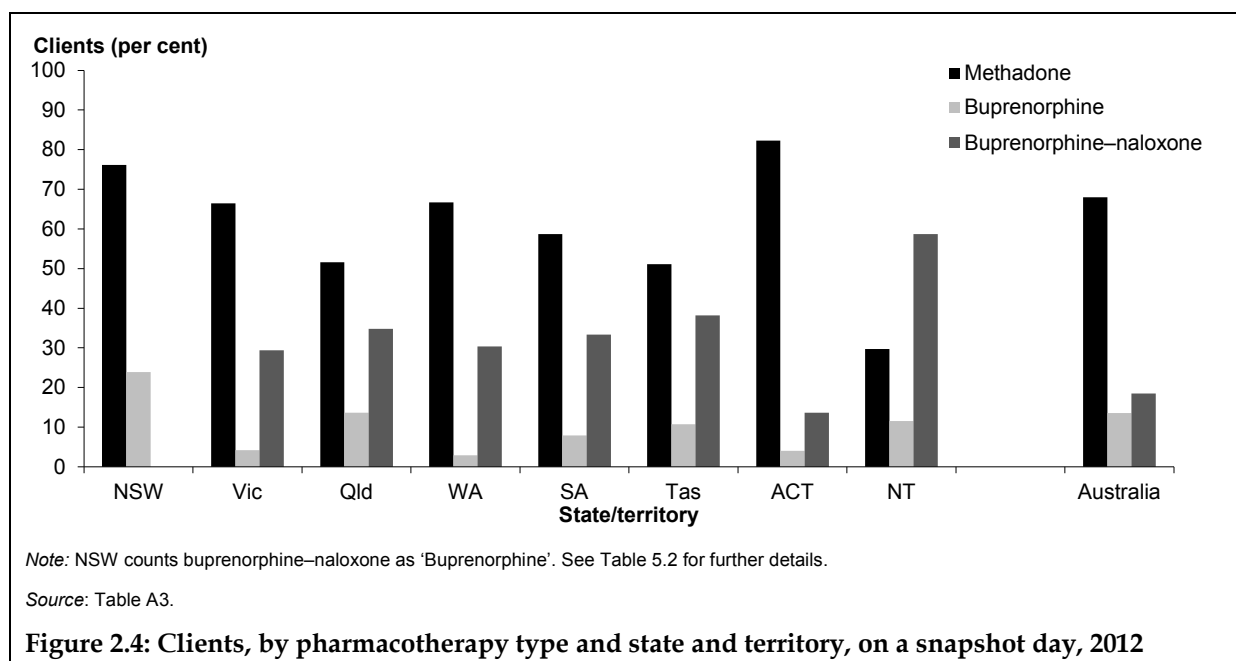
However, it should be noted that New South Wales does not report clients receiving buprenorphine–naloxone separately, but rather includes them within the total number of clients receiving buprenorphine. If New South Wales data are excluded, in the rest of Australia:

- 62% of clients received methadone
- 7% received buprenorphine
- 31% received buprenorphine–naloxone.

From 2006 to 2012, the national proportion of clients receiving methadone fell slightly from 71% to 68%. In the same period, the proportion of clients receiving buprenorphine fell from 23% to 13%, while the proportion receiving buprenorphine–naloxone rose from 6% to 19% (Figure 2.3). These data should be interpreted with caution, as separate data collection for buprenorphine–naloxone did not start until 2007 or 2008 in some jurisdictions, and has not commenced in NSW (see Table 5.2 for more details). Nonetheless, it appears that buprenorphine–naloxone prescription is replacing buprenorphine prescription to some extent. This is in keeping with the *National pharmacotherapy policy for people dependent on opioids* (DoHA 2007), which recommends that buprenorphine–naloxone should be preferred over buprenorphine for most clients receiving takeaway doses.



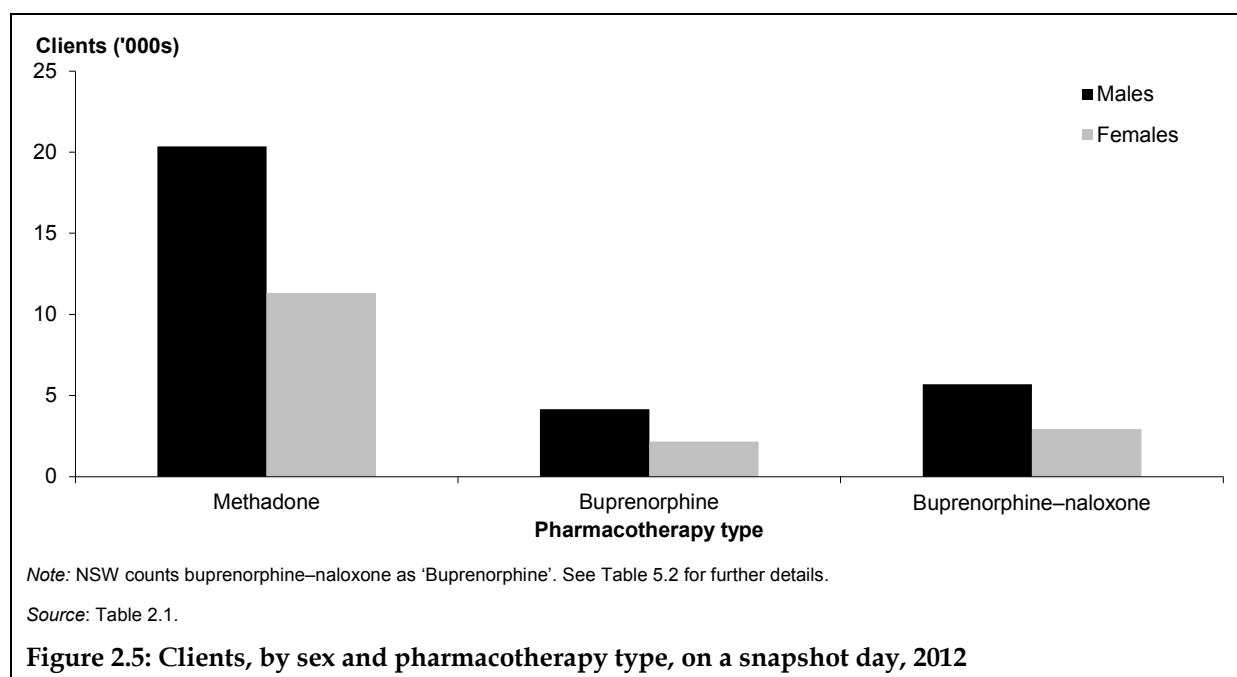
The proportion of clients receiving each of the 3 pharmacotherapies varies across states and territories. In 2012, methadone was the most common pharmacotherapy in all jurisdictions except for the Northern Territory. The jurisdiction with the highest proportion of clients receiving methadone was the Australian Capital Territory (82%), followed by New South Wales (76%). In contrast, only 30% of clients in the Northern Territory were prescribed methadone. The Northern Territory had the highest proportion of clients receiving buprenorphine–naloxone (59%) (Figure 2.4). Buprenorphine–naloxone is the default treatment drug for the main pharmacotherapy program in the Northern Territory.



2.3 Who receives pharmacotherapy treatment?

Sex

Around two-thirds (65%) of the clients receiving pharmacotherapy in June 2012 were male. This proportion was similar for each of the 3 pharmacotherapy types (Figure 2.5) and has remained stable since 2006 (Table A5).



A similar pattern of around two-thirds male clients was observed at the state and territory level, ranging from 58% of clients being male in Tasmania to 66% in New South Wales and Victoria (Table 2.1). In Victoria, information on sex is not collected but estimated by the data supplier. The data are included to enable analysis, but should be treated with caution.

Table 2.1: Number of clients by sex, pharmacotherapy type, and state and territory, 2012

Sex	NSW	Vic^(a)	Qld	WA	SA	Tas	ACT	NT	Aust	Aust (%)
Methadone										
Male	9,273	6,195	1,709	1,349	1,173	188	447	26	20,360	64.2
Female	4,972	3,087	1,292	834	714	132	288	10	11,329	35.7
Not stated	—	48	—	—	—	—	—	—	48	0.2
Total	14,245	9,330	3,001	2,183	1,887	320	735	36	31,737	100.0
Buprenorphine^(b)										
Male	3,060	388	450	44	151	27	30	6	4,156	65.8
Female	1,410	193	345	52	104	40	6	8	2,158	34.2
Not stated	—	3	—	—	—	0	—	—	3	0.0
Total	4,470	584	795	96	255	67	36	14	6,317	100.0
Buprenorphine–naloxone										
Male	n.a.	2,737	1,331	628	725	148	75	43	5,687	65.8
Female	n.a.	1,363	692	366	348	91	47	28	2,935	34.0
Not stated	n.a.	21	—	—	—	—	—	—	21	0.2
Total	n.a.	4,121	2,023	994	1,073	239	122	71	8,643	100.0
Total (all pharmacotherapy drugs)										
Male	12,333	9,320	3,490	2,021	2,049	363	552	75	30,203	64.7
Female	6,382	4,643	2,329	1,252	1,166	263	341	46	16,422	35.2
Not stated	—	72	—	—	—	—	—	—	72	0.2
Total	18,715	14,035	5,819	3,273	3,215	626	893	121	46,697	100.0

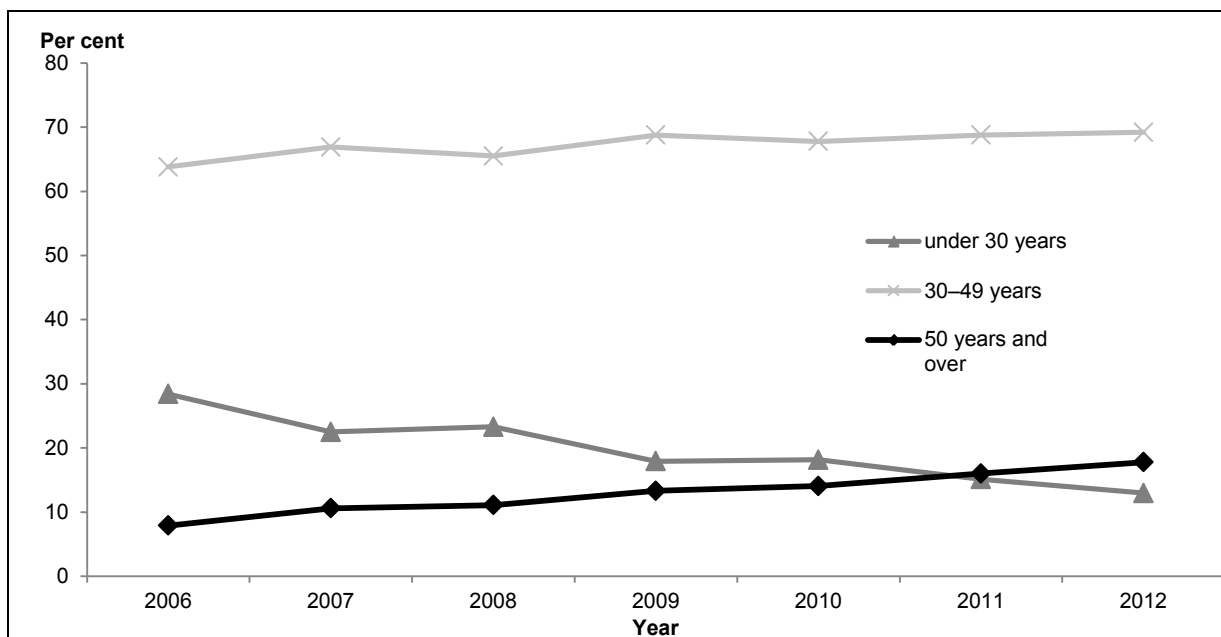
(a) The apparent uniformity of gender breakdown across drug types in Vic is not measured but estimated.

(b) NSW counts buprenorphine–naloxone as 'Buprenorphine'. See Table 5.2 for further details.

Age

Since 2006, when information about the age of a client was first collected, the proportion of older clients within the treatment population has increased. Around two-thirds (69%) of clients in 2012 were aged 30 to 49, and this proportion has been fairly consistent since 2006. However, from 2006 to 2012 the proportion of clients aged less than 30 halved (from 28% to 13%), and the proportion of clients aged 50 and over doubled (from 8% to 18%) (Figure 2.6). This trend towards older pharmacotherapy clients has also been observed overseas (see, for example, Doukas 2011 and Dürsteler-MacFarland et al. 2011) and may be due to:

- methadone treatment having been available for more than 40 years
- pharmacotherapy treatment reducing the risk of premature death, resulting in some clients remaining in treatment for decades
- clients seeking treatment for the first time at an older age
- the ageing of the population in general, and 'baby boomers' in particular (Doukas 2011).



Source: Table A6.

Figure 2.6: Clients, by age group, receiving pharmacotherapy, on a snapshot day, 2006–2012

In 2012, clients ranged in age from their mid-teens to their late-80s. The median age of clients across all pharmacotherapy types was 39 years, compared with 38 years in 2011 (the first year in which these data could be reported). Clients receiving methadone had a slightly higher median age (40 years) than clients receiving buprenorphine or buprenorphine–naloxone (38 years and 37 years respectively) (Table 2.2). At a state and territory level, clients in Victoria and Tasmania had the youngest median age (37 years) and clients in New South Wales and South Australia had the oldest median age (40 years) (Table 2.2). In Victoria, information on age is not collected but estimated by the data supplier. The data are included to enable analysis, but should be treated with caution.

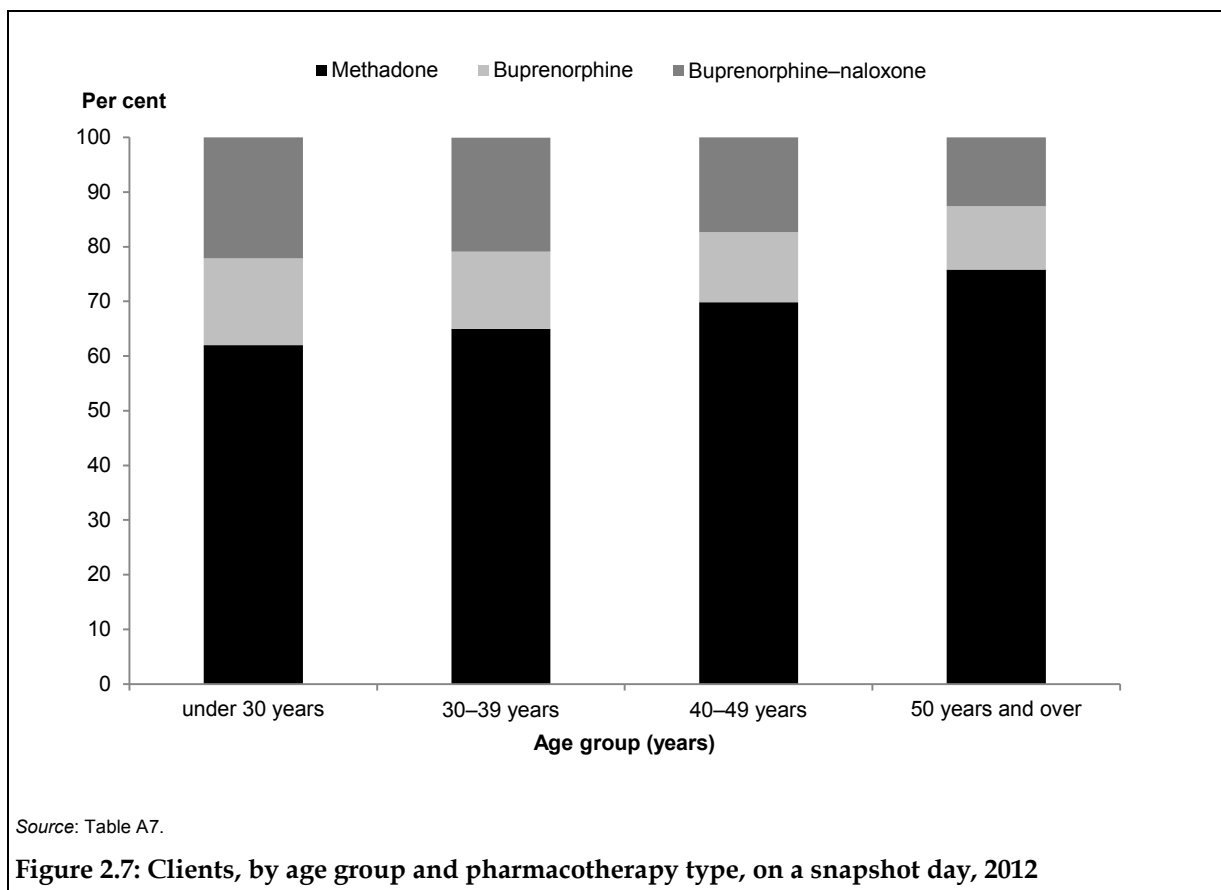
Table 2.2: Median age by state and pharmacotherapy type, 2012

	NSW	Vic ^(a)	Qld	WA	SA	Tas	ACT	NT	Aust
Methadone	41	37	41	39	41	39	38	39	40
Buprenorphine ^(b)	38	37	37	34	42	36	40	45	38
Buprenorphine–naloxone	n.a.	37	37	37	38	35	38	37	37
Total	40	37	39	38	40	37	38	38	39

(a) The apparent uniformity of median age across drug types is not measured in Vic but estimated.

(b) NSW counts buprenorphine–naloxone as 'Buprenorphine'. See Table 5.2 for further details.

In 2012, methadone was the most commonly dispensed pharmacotherapy across all age groups. As age increased, the proportion of clients receiving methadone increased, and the proportion receiving buprenorphine or buprenorphine–naloxone decreased (Figure 2.7). As buprenorphine was registered in Australia for opioid pharmacotherapy in 2000, and buprenorphine–naloxone was only registered in 2005 (DoHA 2007), a possible explanation for the observed trend might be that some older, long-term clients first entered treatment when methadone was the only available pharmacotherapy for opioid dependence.



Aboriginal and Torres Strait Islander people

In 2012, 6 states and territories were able to provide information about the Indigenous status of clients receiving pharmacotherapy treatment, including Tasmania and the Northern Territory who provided these data for the first time. Victoria and Western Australia did not report the Indigenous status of their clients, with the result that Indigenous status was only reported for around two-thirds (63%) of clients in the collection. Furthermore, Indigenous status was not stated for 9% of clients in the 6 reporting states and territories. Jurisdictions are working towards improving the quality of Indigenous data for this collection, but the analysis of the 2012 data that follows should be treated with caution due to the high proportion of clients (43%) for whom Indigenous status is either not reported or not stated.

Of the 29,389 clients in the 6 jurisdictions reporting Indigenous status in 2012, 2,588 (9%) identified as being of Aboriginal and/or Torres Strait Islander origin (Table 2.3). The proportion of Indigenous clients ranged from 4% in Tasmania and Queensland to 10% in New South Wales and the Australian Capital Territory.

Overall, for the 6 states and territories reporting Indigenous status, there were 55 Indigenous clients per 10,000 Indigenous people. This suggests an over-representation of Indigenous people receiving pharmacotherapy treatment when compared with the overall rate of 21 clients per 10,000 people. Three jurisdictions had relatively high rates of Indigenous clients: the Australian Capital Territory (182 clients per 10,000 Indigenous people), New South Wales (113) and South Australia (86). The high rate in the Australian Capital Territory should be regarded with caution as it has a small Indigenous population. In contrast, Queensland had 14 Indigenous clients per 10,000 Indigenous people, Tasmania had 10 and the Northern

Territory only had 1 Indigenous client per 10,000 Indigenous people. This very low rate in the Northern Territory is consistent with the low overall rate of pharmacotherapy (5 clients per 10,000 people).

Three-quarters (74%) of Indigenous clients received methadone, with the remaining quarter (26%) receiving either buprenorphine or buprenorphine–naloxone (Table 2.3).

Table 2.3: Clients, by Indigenous status, pharmacotherapy type, and state and territory, on a snapshot day, 2012

Indigenous status	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Aust	Aust (per cent)
Methadone										
Indigenous	1,518	n.a.	121	n.a.	165	20	83	n.p.	1,907	9.4
Non-indigenous	10,867	n.a.	2,411	n.a.	1,722	261	633	33 ^(c)	15,927	78.8
Not stated	1,860	n.a.	469	n.a.	—	39	19	3	2,390	11.8
Sub-total	14,245	n.a.	3,001	n.a.	1,887	320	735	36	20,224	100.0
Not reported ^(a)	—	9,330	—	2,183	—	—	—	—	11,513	n.a.
Total	14,245	9,330	3,001	2,183	1,887	320	735	36	31,737	..
Buprenorphine^(b)										
Indigenous	436	n.a.	35	n.a.	14	—	—	n.p.	485	8.6
Non-indigenous	3,879	n.a.	724	n.a.	241	63	34	13 ^(c)	4,954	87.9
Not stated	155	n.a.	36	n.a.	—	4	2	1	198	3.5
Sub-total	4,470	n.a.	795	n.a.	255	67	36	14	5,637	100.0
Not reported ^(a)	—	584	—	96	—	—	—	—	680	n.a.
Total	4,470	584	795	96	255	67	36	14	6,317	..
Buprenorphine–naloxone										
Indigenous	n.a.	n.a.	88	n.a.	95	n.p.	7	6	196	5.6
Non-indigenous	n.a.	n.a.	1,839	n.a.	978	230 ^(c)	112	65	3,224	91.4
Not stated	n.a.	n.a.	96	n.a.	—	9	3	—	108	3.1
Sub-total	n.a.	n.a.	2,023	n.a.	1,073	239	122	71	3,528	100.0
Not reported ^(a)	n.a.	4,121	—	994	—	—	—	—	5,115	n.a.
Total	n.a.	4,121	2,023	994	1,073	239	122	71	8,643	..
Total (all pharmacotherapy drugs)										
Indigenous	1,954	n.a.	244	n.a.	274	20	90	6	2,588	8.8
Non-indigenous	14,746	n.a.	4,974	n.a.	2,941	554	779	111	24,105	82.0
Not stated	2,015	n.a.	601	n.a.	—	52	24	4	2,696	9.2
Sub-total	18,715	n.a.	5,819	n.a.	3,215	626	893	121	29,389	100.0
Not reported ^(a)	—	14,035	—	3,273	—	—	—	—	17,308	n.a.
Total	18,715	14,035	5,819	3,273	3,215	626	893	121	46,697	..
Number of Indigenous clients per 10,000 Indigenous people (all pharmacotherapy drugs)										
	113	n.a.	14	n.a.	86	10	182	1	55	

(a) Vic and WA do not report Indigenous status.

(b) NSW counts buprenorphine–naloxone as 'Buprenorphine'. See Table 5.2 for further details.

(c) Includes both Indigenous and Non-Indigenous clients. The number of Indigenous clients is small (<3).

3 Prescribers

3.1 How are prescribers authorised?

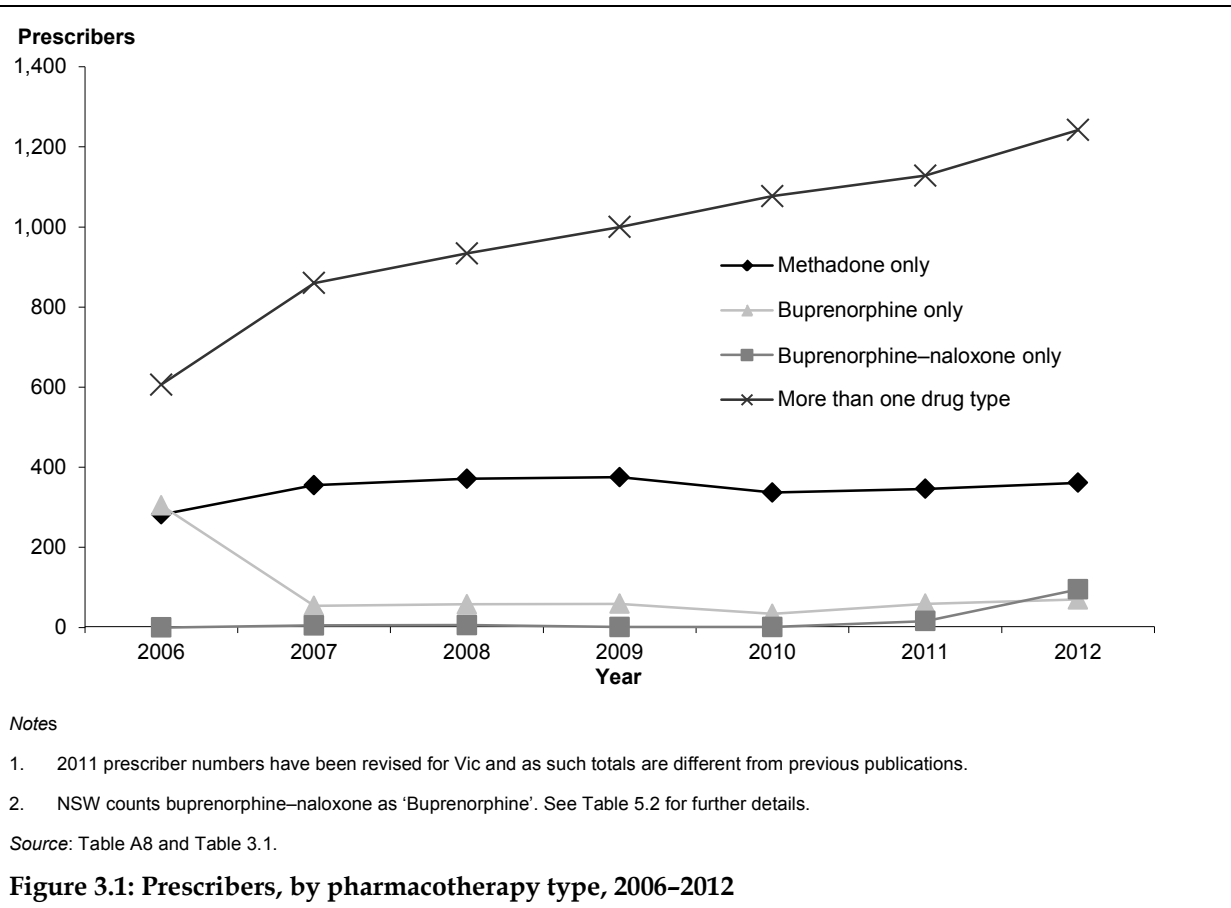
Opioid pharmacotherapies are prescribed by medical personnel such as general practitioners and medical specialists. Each state and territory has a registration process through which prescribers can undergo training and become registered to prescribe opioid pharmacotherapies to clients. Some jurisdictions also authorise prescribers to prescribe opioid pharmacotherapies for a small number of clients without undergoing the specified training. Data on all registered or authorised prescribers are included in this report, except for New South Wales, Western Australia and South Australia where prescribers are included only if they are actively prescribing for at least 1 client on the snapshot day (see Table 5.2 for further details).

Nationally, there were 1,768 prescribers authorised to prescribe 1 or more pharmacotherapy drugs in 2012. This was an increase of 219 prescribers (14%) from 2011.

Of these 1,768 prescribers:

- 70% (1,242) were authorised to prescribe more than one pharmacotherapy type.
- 20% (361) were authorised to prescribe methadone only.
- 5% (95) were authorised to prescribe buprenorphine–naloxone only.
- 4% (70) were reported as authorised to prescribe buprenorphine only, but were all located in New South Wales, which counts both buprenorphine and buprenorphine–naloxone under ‘Buprenorphine’ (Figure 3.1).

The proportion of prescribers authorised to prescribe more than one pharmacotherapy type increased from 51% in 2006 to 70% in 2012. The increase in the proportion of prescribers authorised to prescribe buprenorphine–naloxone only (from 1% in 2011 to 5% in 2012) occurred mainly in South Australia and is probably due to the introduction of the Suboxone® Opioid Substitution Program (SOSP) in South Australia, discussed in more detail below.



All prescribers in the Australian Capital Territory and the Northern Territory were registered to prescribe more than one drug type in 2012. Some prescribers in the other 6 jurisdictions were only registered to prescribe a single drug type (Table 3.1).

Table 3.1: Prescribers^(a), by pharmacotherapy type, and state and territory, 2012

Pharmacotherapy type	NSW ^(b)	Vic	Qld	WA	SA ^(b)	Tas	ACT	NT	Aust
Methadone only	223	119	4	7	—	8	—	—	361
Buprenorphine only ^(c)	70	—	—	—	—	—	—	—	70
Buprenorphine–naloxone only	n.a.	—	2	—	93	—	—	—	95
More than one drug type	300	566	126	88	73	25	56	8	1,242
Total (number)	593	685	132	95	166	33	56	8	1,768
Total (per cent)	33.5	38.7	7.5	5.4	9.4	1.9	3.2	0.5	100.0

(a) The states and territories may have different guideline and policies regarding training to prescribe opioid pharmacotherapy types. See Table 5.3 for more information.

(b) See Table 5.2 for more information about NSW and SA reporting of registered prescribers.

(c) NSW counts buprenorphine–naloxone as ‘Buprenorphine’. See Table 5.2 for further details.

Between 2011 and 2012, prescriber numbers fell by 18% in Western Australia, 11% in the Northern Territory and 6% in Tasmania. Prescriber numbers rose in all other states and territories. The largest rise was seen in South Australia, where the total number of prescribers almost doubled (from 85 to 166), due to a large increase in the number of

buprenorphine–naloxone-only prescribers (from 13 to 93). This is most likely due to the introduction of the Suboxone® Opioid Substitution Program (SOSP) in South Australia in April 2011, under which any medical practitioner may be authorised to prescribe Suboxone® (buprenorphine–naloxone) film for up to 5 patients without having to undertake formal accreditation (SA Health 2011).

3.2 Where do prescribers work?

Prescribers are classified according to the sector in which they are working when prescribing pharmacotherapy drugs to clients.

- **Private** prescribers work in organisations that are not controlled by government, such as private general practice (GP) clinics.
- **Public** prescribers work in organisations that are part of government or are government-controlled, such as public drug and alcohol clinics and public hospitals.
- **Correctional facility** prescribers work in prisons or other correctional services

Of the 1,768 prescribers authorised to prescribe pharmacotherapy drugs in 2012:

- 82% (1,451) were private prescribers.
- 12% (218) were public prescribers.
- 3% (60) were correctional facility prescribers (Table 3.2).

In 2012, Victoria had no public prescribers, and so had the highest proportion of private prescribers (97%). This was followed by South Australia (89% private prescribers) and the Australian Capital Territory (88% private prescribers). The Northern Territory had the highest proportion of public prescribers (63%), followed by Tasmania (42%) (Table 3.2).

Table 3.2: Prescribers^(a), by prescriber type, and state and territory, 2012

Prescriber type	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Aust
Private prescriber	411	667	92	65	148	17	49	2	1,451
Public prescriber	133	—	30	20	13	14	3	5	218
Public/private prescriber ^(b)	29	—	—	—	—	—	3	—	32
Correctional facilities	13	18	10	10	5	2	1	1	60
Correctional/private ^(b)	3	—	—	—	—	—	—	—	3
Correctional/public/private ^(b)	4	—	—	—	—	—	—	—	4
Total	593	685	132	95	166	33	56	8	1,768

(a) See Table 5.2 for more information about NSW and SA reporting of registered prescribers.

(b) In NSW and the ACT, these figures relate to prescribing that cannot be separated into a single prescriber type.

The number of each prescriber type among the states and territories has remained relatively stable over time, with the exception of South Australia where the number of private prescribers more than doubled from 67 in 2011 to 148 in 2012. As previously discussed, this is likely to be due to the introduction of the Suboxone® Opioid Substitution Program (SOSP) in South Australia in April 2011. More specifically, the majority of South Australian clients (3,071) were managed via the Opioid Dependence Substitution Program (ODSP) by 73 prescribers (methadone, buprenorphine & Suboxone®), and 144 clients were managed via 93 SOSP prescribers (Suboxone® only).

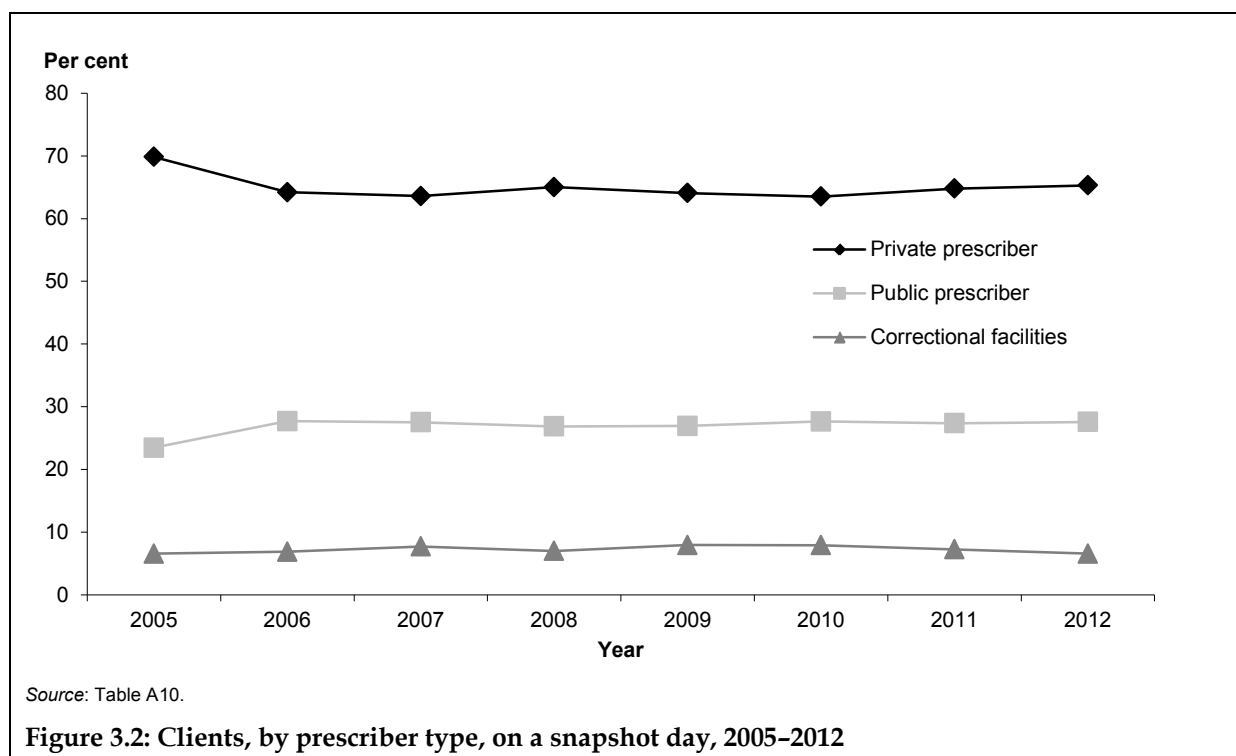
3.3 How many clients do prescribers treat?

Number of clients by prescriber type

Of the 46,697 clients receiving treatment on the snapshot day in June 2012:

- 65% (30,486) received treatment from a private prescriber.
- 28% (12,881) received treatment from a public prescriber.
- 7% (3,068) received treatment from a correctional facility prescriber (Figure 3.2).

These proportions have remained relatively stable since 2006 (Figure 3.2).



Private prescribers treated the majority of clients in New South Wales, Victoria, Western Australia and South Australia. Public prescribers treated the majority of clients in Queensland, Tasmania, the Australian Capital Territory and the Northern Territory (Table 3.3). This pattern is similar to that observed in 2011 for all jurisdictions except Tasmania. In Tasmania, the majority of clients were treated by private prescribers in 2011, but by public prescribers in 2012. This is probably a reflection of the fact that between 2011 and 2012 the number of public prescribers in Tasmania rose (by 56%) while the number of private prescribers fell (by 29%) (Table 3.2).

Table 3.3: Clients, by pharmacotherapy type, prescriber type, and state and territory, on a snapshot day, 2012

Prescriber type	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Aust
Methadone									
Private prescriber	8,400	8,522	969	1,059	1,056	224	230	11 ^(c)	20,471
Public prescriber	4,356	—	2,009	833	656	96	411	25	8,386
Public/private prescriber ^(a)	183	—	—	—	—	—	—	—	183
Correctional facility	1,306	808	23	291	175	—	94	n.p.	2,697
Total	14,245	9,330	3,001	2,183	1,887	320	735	36	31,737
Buprenorphine^(b)									
Private prescriber	2,416	584 ^(c)	387	52	149 ^(c)	17 ^(c)	12	n.p.	3,617
Public prescriber	1,790	—	400	44	106	50	24	14 ^(d)	2,428
Public/private prescriber ^(a)	79	—	—	—	—	—	—	—	79
Correctional facility	185	n.p.	8	—	n.p.	n.p.	—	—	193
Total	4,470	584	795	96	255	67	36	14	6,317
Buprenorphine–naloxone									
Private prescriber	—	4,063	990	620	639	49 ^(c)	36	5	6,402
Public prescriber	—	—	1022	351	354	190	86	66	2,069
Public/private prescriber ^(a)	—	—	—	—	—	—	—	—	—
Correctional facility	—	58	11	23	80	n.p.	—	—	172
Total	—	4,121	2,023	994	1,073	239	122	71	8,643
Total (all pharmacotherapy drugs)									
Private prescriber	10,816	13,169	2,346	1,731	1,844	290	278	16	30,490
Public prescriber	6,146	—	3,431	1,228	1,116	336	521	105	12,883
Public/private prescriber ^(a)	262	—	—	—	—	—	—	—	262
Correctional facility	1,491	866	42	314	255	n.p.	94	n.p.	3,062
Total	18,715	14,035	5,819	3,273	3,215	626	893	121	46,697
Total (per cent of all pharmacotherapy drugs)									
Private prescriber	57.8	93.8	40.3	52.9	57.4	46.3	31.1	13.2	65.3
Public prescriber	32.8	—	59.0	37.5	34.7	53.7	58.3	86.8	27.6
Public/private prescriber ^(a)	1.4	—	—	—	—	—	—	—	0.6
Correctional facility	8.0	6.2	0.7	9.6	7.9	n.p.	10.5	n.p.	6.6
Total (%)	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0

(a) In NSW, these figures relate to prescribing that cannot be separated into public or private prescribers.

(b) NSW counts buprenorphine–naloxone as 'Buprenorphine'. See Table 5.2 for further details.

(c) Refers to the number of clients receiving treatment from a private prescriber and a correctional facility. The number of clients by correctional facility prescriber is small (<3).

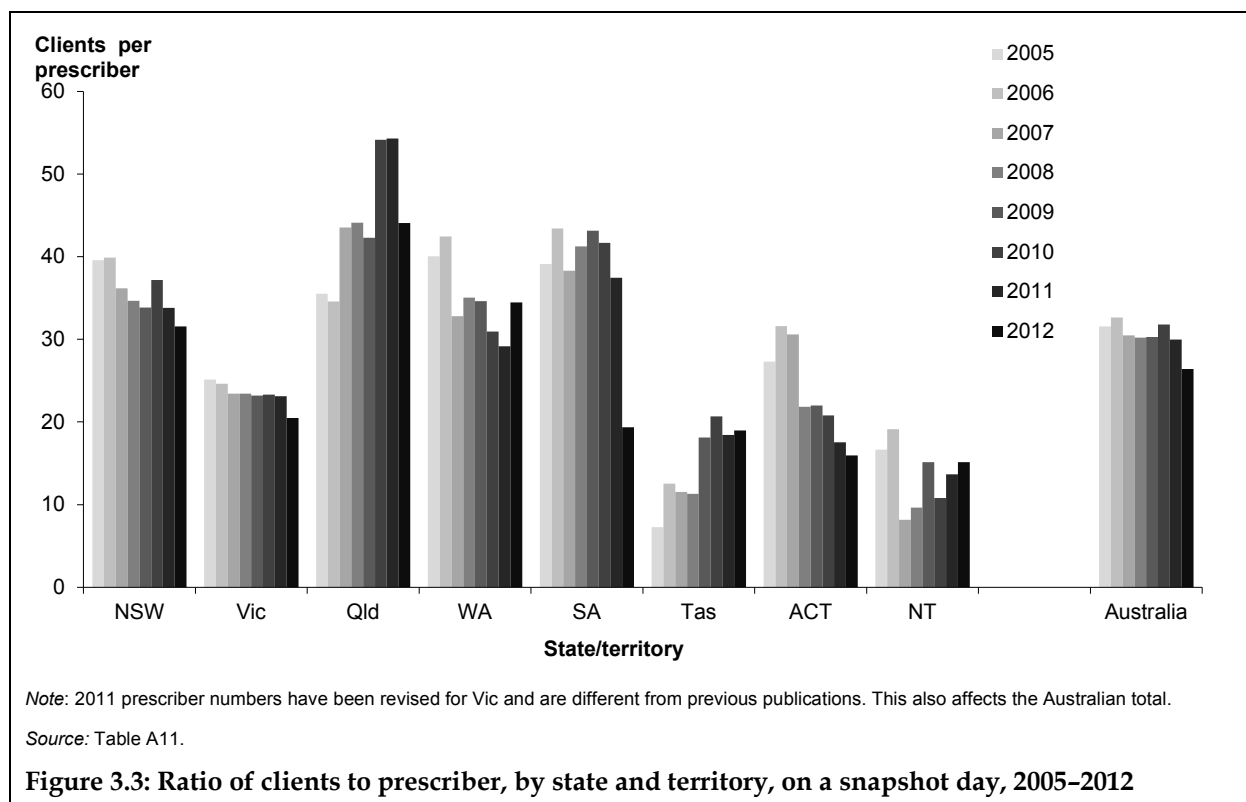
(d) Refers to the number of clients receiving treatment from a public prescriber and a private prescriber. The number of clients by private prescriber is small (<3).

Clients per prescriber

On the snapshot day in 2012, 1,768 prescribers were treating an average of 26 clients each (compared to an average of 30 clients in 2011). The client-per-prescriber ratio fell in 2012 because the number of clients grew only slightly (by less than 1%) between 2011 and 2012, but the number of prescribers grew by 14% in the same period.

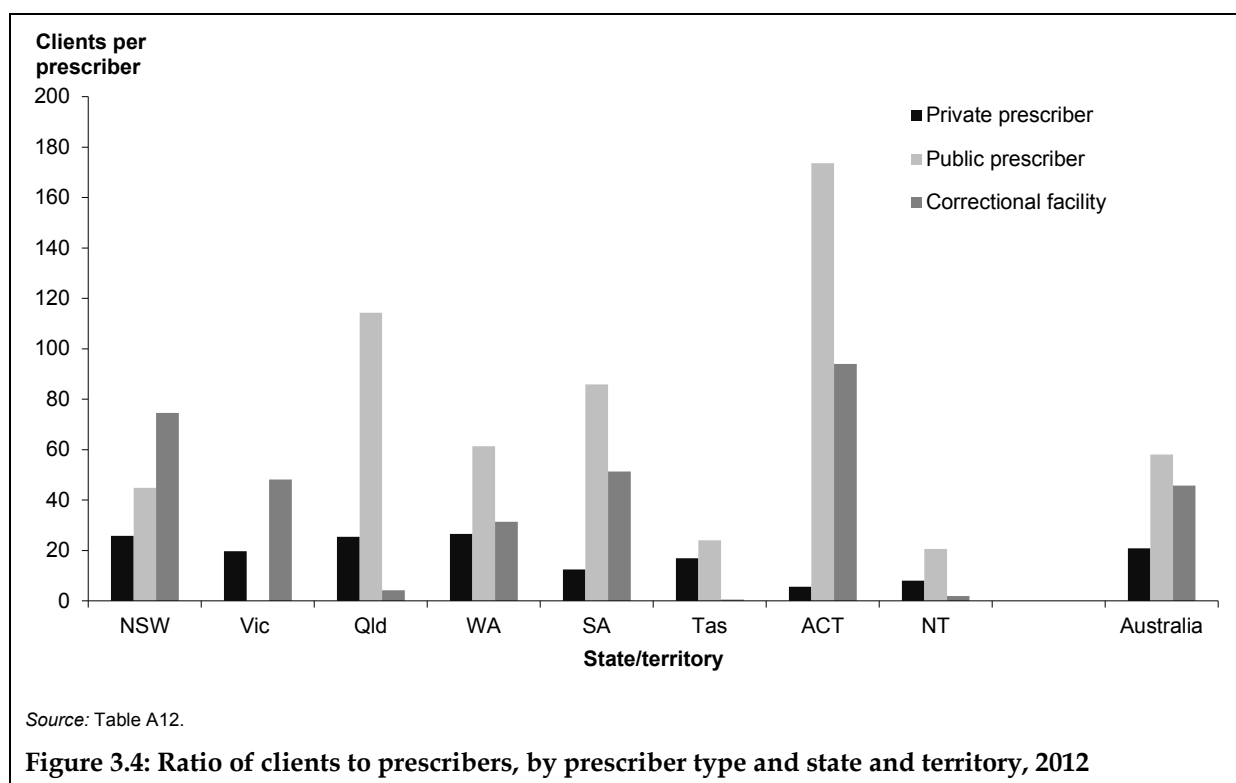
Between 2005 (the first year data were available) and 2012, the number of clients per prescriber rose in Queensland (by 9 clients) and Tasmania (by 12 clients), and fell in all other states and territories. In 2012, Queensland had the highest number of clients per prescriber (44 clients) of any jurisdiction (Figure 3.3). However, this ratio may be overstated in Queensland due to a possible undercounting of prescribers in public clinics (caused by multiple prescribers sharing one prescriber identification number when prescribing for opioid pharmacotherapy clients).

Between 2011 and 2012, the number of clients per prescriber fell in South Australia (from 37 to 19) and Queensland (from 54 to 44), due to a rise in prescriber numbers in those 2 states. The ratio rose in Western Australia (from 29 to 34) due to a fall in prescriber numbers. The average number of clients per prescriber remained relatively stable in the other states and territories (Figure 3.3).



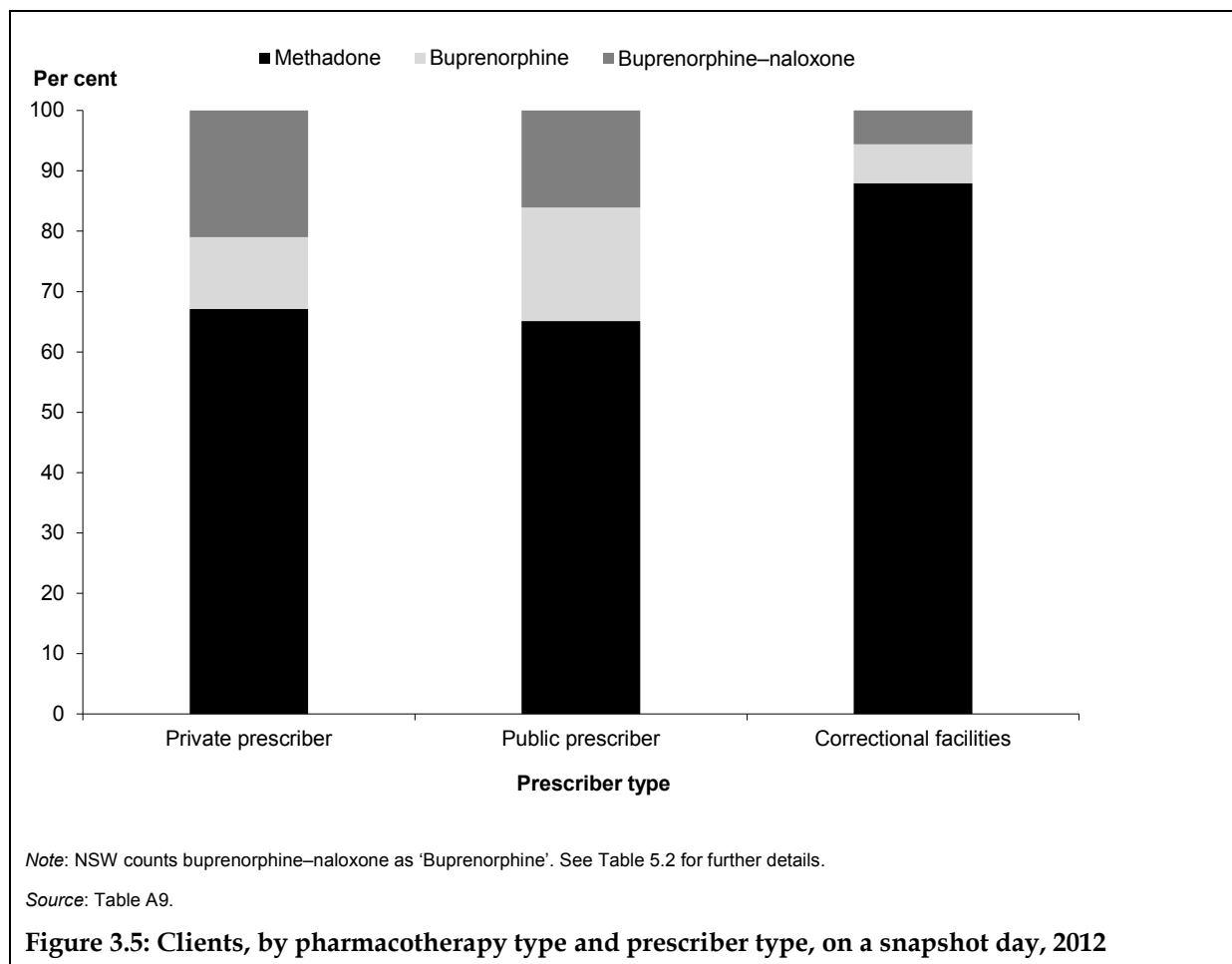
In 2012, prescribers working in the public sector had, on average, almost 3 times as many clients as prescribers working in the private sector (58 clients per prescriber compared with 21). Public prescribers in the Australian Capital Territory (174 clients) and Queensland (114 clients) had a particularly high average number of clients. Private prescribers had a lower average number of clients than public prescribers in all states and territories except for Victoria, which had no public prescribers.

Prescribers working in correctional facilities had an average of 46 clients nationally, but at a state and territory level this varied widely from 1 client per prescriber in Tasmania to 94 clients per prescriber in the Australian Capital Territory (Figure 3.4).



3.4 Does drug treatment vary between sectors?

In 2012, methadone was the most commonly prescribed drug in all sectors. However, prescribers in correctional facilities disproportionately prescribed methadone (to 88% of clients) when compared with public (65%) or private (67%) prescribers. Private prescribers disproportionately prescribed buprenorphine-naloxone (21%) compared with public (16%) or correctional facility (6%) prescribers (Figure 3.5). This is a similar pattern to that observed in 2011 (Table A9).



4 Dosing points

4.1 Where are pharmacotherapy drugs provided?

Number and type of dosing point sites

A dosing point is the site where clients receive the medication prescribed for them. In general, clients attend a dosing point and receive one dose of medication, which they take under supervision, in order to reduce the risks of diversion, misuse or overdose. However, stable clients may be authorised to take home one or more 'takeaway' doses for use on subsequent days (DoHA 2007).

In 2011–12 there were 2,226 dosing points in Australia, an increase of 26 (1%) from 2010–11. In the same period the number of dosing points rose in Queensland (by 8%), fell in the Northern Territory (by 9%) and Western Australia (by 8%), and remained relatively steady in the other states and territories.

Nationally, the majority of dosing points were pharmacies (88%), followed by hospitals (7%) and public clinics (2%) (Table 4.1). These proportions are very similar to those observed in 2010–11 (Table A13). Pharmacies were also the most common dosing point site in all states and territories, with the proportion ranging from 80% in the Northern Territory and Queensland to 97% in Western Australia (Table 4.1).

Table 4.1: Dosing point sites, by state and territory, 2011–12

Dosing point sites	NSW ^(a)	Vic	Qld	WA	SA	Tas	ACT	NT	Aust	Aust (per cent)
Public clinic	36	—	10	1	2	1	1	1	52	2.3
Private clinic	12	—	8	—	—	—	—	—	20	0.9
Pharmacy	640	436	377	230	188	52	31	8	1,962	88.1
Correctional setting	1	11	4	2	7	1	1	1	28	1.3
Hospital	70	11	62	4	1	1	—	—	149	6.7
Other ^(b)	5	—	9	—	1	—	—	—	15	0.7
Total (number)	764	458	470	237	199	55	33	10	2,226	100.0
Total (per cent)	34.3	20.6	21.1	10.6	8.9	2.5	1.5	0.4	100.0	..

(a) See tables 5.1 and 5.2 for more information about NSW. NSW correctional dosing points are reported under a single facility.

(b) The category 'Other' includes mobile dosing sites, community health clinics, non-government organisations, doctors' surgeries and dosing points 'not stated'.

Geographic location

Clients need to attend dosing sites regularly to collect their medication, so it is important that dosing sites are in locations that are readily accessible by clients. For the first time in 2012, data on the geographic location of dosing sites have been included in the NOPSAD collection. The Australian Standard Geographical Classification (ASGC) classifies areas into *Major cities*, *Inner regional* areas, *Outer regional* areas, *Remote* and *Very remote* areas. Not all remoteness areas are found in each state and territory.

- In 2011–12, dosing points were mostly located in *Major cities* (60%) and *Inner regional* areas (24%).
- One in 50 (2%) dosing points were located in *Remote* or *Very remote* areas (Table 4.2).

Table 4.2: Dosing points by geographic location^{(a)(b)} and jurisdiction, 2011–12

Location	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Australia
Number									
Major cities	474	307	226	169	130	—	31	—	1,337
Inner regional	210	127	114	27	26	36	2	—	542
Outer regional	68	24	96	25	35	19	—	8	275
Remote	8	1	10	9	5	—	—	2	35
Very remote	3	—	6	4	3	—	—	—	16
Not reported	2	—	17	2	—	—	—	—	21
Total^(c)	764	458	470	237	199	55	33	10	2,226
Per cent									
Major cities	62.0	67.0	48.1	71.3	65.3	—	93.9	—	60.1
Inner regional	27.5	27.7	24.3	11.4	13.1	65.5	6.1	—	24.3
Outer regional	8.9	5.2	20.4	10.5	17.6	34.5	—	80.0	12.4
Remote	1.0	0.2	2.1	3.8	2.5	—	—	20.0	1.6
Very remote	0.4	—	1.3	1.7	1.5	—	—	—	0.7
Not reported	0.3	—	3.6	0.8	—	—	—	—	0.9
Total^(c)	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0

(a) The geographic location of treatment agencies has been analysed using the 2011 Remoteness Structure of the ABS Australian Standard Geographical Classification.

(b) Some remoteness areas are not found in all states and territories.

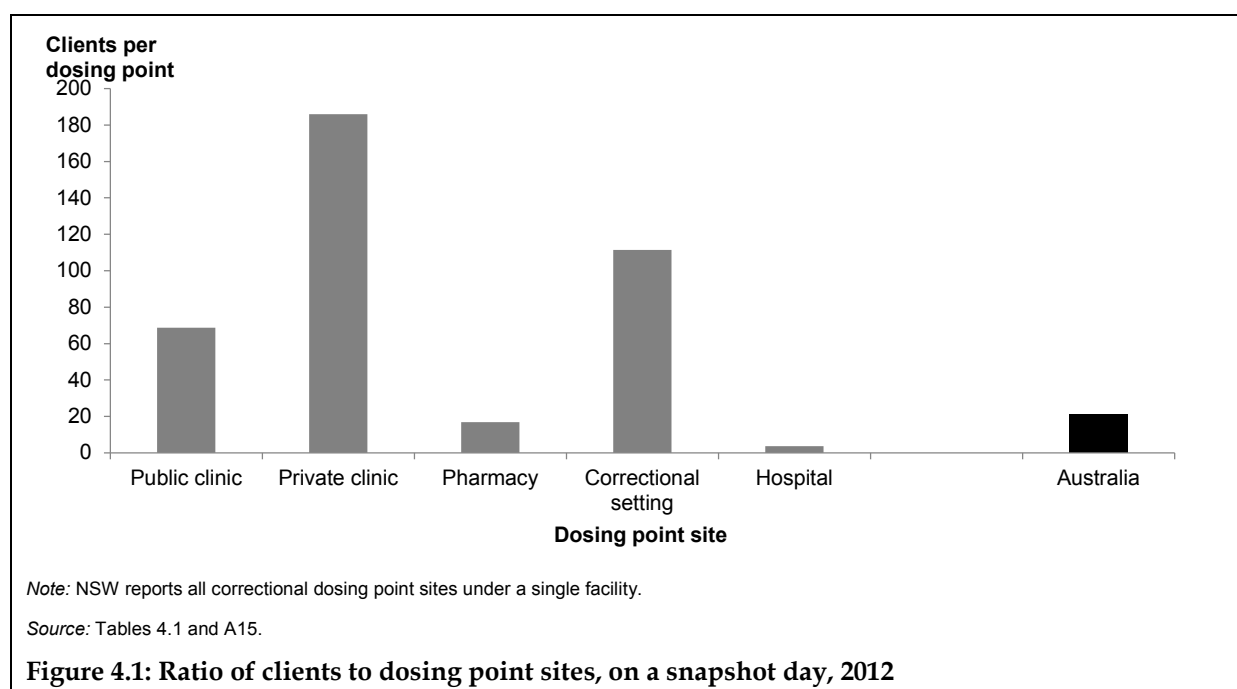
(c) Number of dosing points may not sum to total due to rounding.

4.2 Where do clients receive their pharmacotherapy drugs?

Of the 46,697 clients receiving treatment on the snapshot day in June 2012, the majority (71%) dosed at a pharmacy. Other common sites for dosing were private and public clinics (8% of clients each) and correctional facilities (7%) (Table A14).

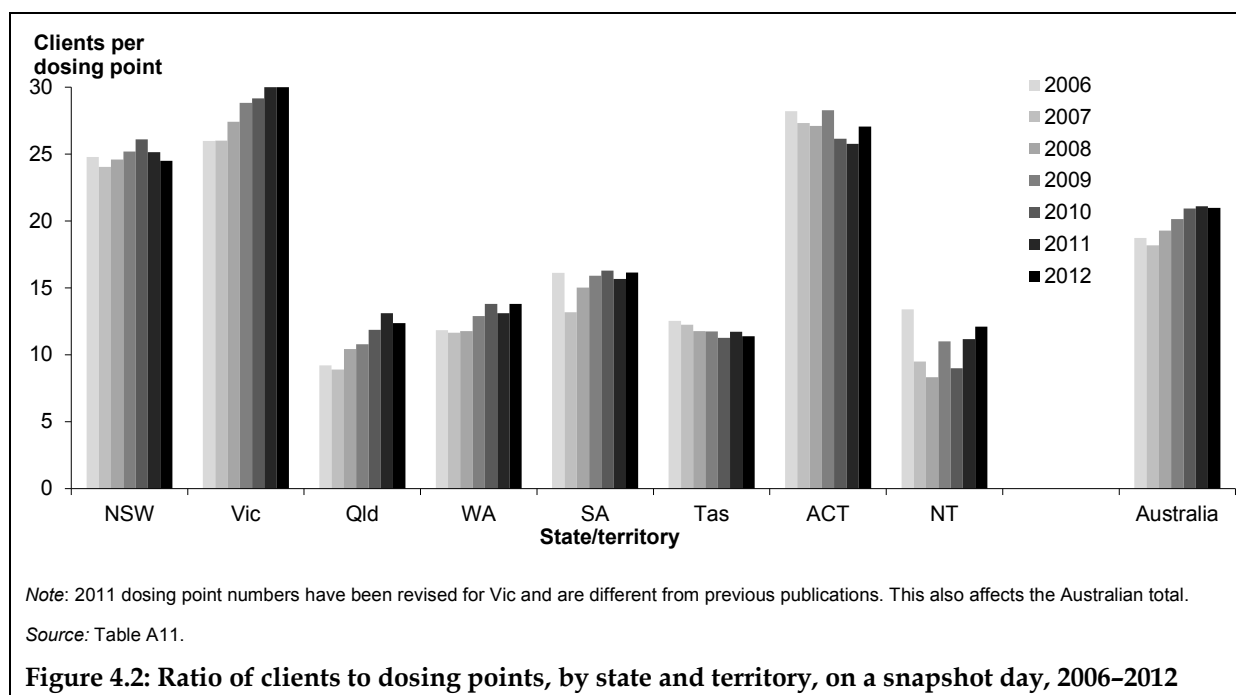
Clients per dosing point

On the snapshot day in June 2012, an average of 21 clients dosed at each dosing point site. However, this varied greatly by the type of dosing point. For example, each private clinic dosed, on average, more than 10 times as many clients as each pharmacy (186 clients per dosing point compared to 17). Each correctional setting dosed an average of 111 clients, but this number is inflated because New South Wales reports all correctional dosing point sites under a single facility. If New South Wales data are excluded, each correctional setting dosed an average of 57 clients (Figure 4.1).



Nationally, the ratio of clients per dosing point rose from 18.7 in 2006 to 20.9 in 2010, and remained at around 21 in 2011 and 2012. At a state and territory level, the ratio of clients per dosing point rose or remained relatively stable between 2006 and 2012 in most jurisdictions. However, the ratio of clients per dosing point fell slightly in Tasmania (from 12.5 in 2006 to 11.4 in 2012) and the Northern Territory (from 13.4 in 2006 to 12.1 in 2012) (Figure 4.2).

In 2012, Victoria had the highest ratio of clients per dosing point (30.6), followed by the Australian Capital Territory (27.1) and New South Wales (24.5) (Figure 4.2). It is possible that the higher prevalence of pharmacotherapy clients (see Chapter 2.1) and the larger proportion of dosing points in *Major cities* or *Inner regional* areas in these jurisdictions allowed more clients to attend each dosing point.



Drug type

While the majority of clients were dosed at pharmacies, a larger proportion of clients who received buprenorphine–naloxone were dosed at a pharmacy (86%) than those receiving methadone (70%) or buprenorphine only (52%). A larger proportion of clients who received methadone were dosed in a correctional setting (9%) than those who received buprenorphine only (3%) or buprenorphine–naloxone only (2%) (Figure 4.3). These proportions are similar to those observed in 2011 (Table A14).

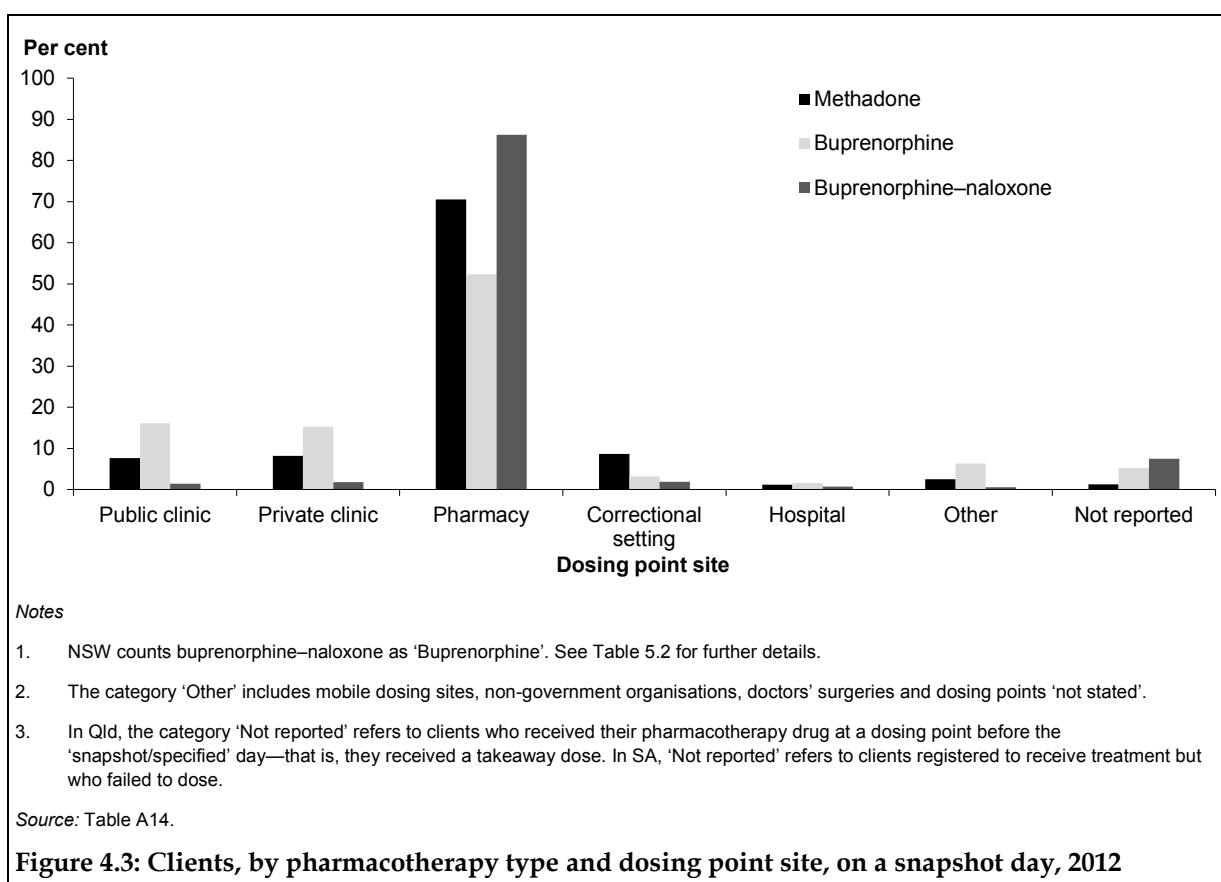


Table A15 provides a further breakdown of clients by pharmacotherapy type, dosing points, and state and territory.

5 The opioid pharmacotherapy system in Australia

A brief overview of the Australian opioid pharmacotherapy system was given in Chapter 1. The states and territories administer the system, and this chapter has further information about the different policies and guidelines in each jurisdiction. Specific information pertaining to each jurisdiction is in tables 5.1, 5.2 and 5.3.

Prescribers

Each state and territory has rules about how prescribers are authorised to prescribe methadone, buprenorphine and buprenorphine–naloxone. Each runs professional training programs for medical personnel wishing to be approved as prescribers (DoHA 2007). In some states and territories, doctors can be authorised to prescribe to up to 5 ongoing clients without attending a training course, if these clients have first been seen by a medical practitioner with accredited training (ACT Health 2009; NSW Health 2006). In South Australia, medical practitioners can treat up to 5 new or ongoing clients with buprenorphine–naloxone film without undertaking training (SA Health 2011).

Being authorised or registered to prescribe pharmacotherapy for opioid dependence does not necessarily mean that the prescriber will prescribe this medication during any given year. Prescribers who have prescribed pharmacotherapy for a client with opioid dependence in a given financial year are referred to as ‘active prescribers’ (Box 1.3).

Dosing

At the start of treatment, clients need to attend the clinic or pharmacy to take their dose under supervision. However, the requirement to travel regularly to the dosing point can be a barrier to both ongoing participation in treatment and social reintegration. To overcome these issues, there is a provision for takeaway doses for stable clients in some circumstances (DoHA 2007). Policies on takeaway dosing vary by state or territory (for more information refer to the individual state and territory guidelines for treating opioid dependence in Table 5.3). Where takeaway dosing is allowed, it is preferred that clients on buprenorphine are given the combination buprenorphine–naloxone product (DoHA 2007).

Cost to clients

Depending on the state or territory and the dosing point type (Box 1.3), opioid pharmacotherapy for clients can be either free or charged. Under the provisions of the PBS for the Opiate Dependence Treatment Program, the drugs are provided free to dosing points. Clients may be charged a dispensing fee when receiving medication. This cost may limit clients’ access to opioid pharmacotherapy (Ritter & Chalmers 2009). In most cases, dosing at public clinics is free, at least for a limited time (see Table 5.3).

Data collection by states and territories

Each state and territory uses a slightly different method to collect data about the pharmacotherapy used to treat those with opioid dependence. These are driven by differences between the states and territories in relation to legislation, information

technology systems and resources. The differences may result in discrepancies when comparing one state or territory with another. Differing administrative features adopted by each state and territory are outlined in Table 5.1 and methodological features are in Table 5.2. State and territory differences are also highlighted in the footnotes under the relevant tables.

Table 5.1: Administrative features of the NOPSAD collection in each state and territory

State/territory	Administrative features
New South Wales	<p>The Pharmaceutical Drugs of Addiction System (PHDAS) is used primarily in the administration of the New South Wales Opioid Treatment Program. The database is used to record the authorisation of doctors to prescribe as part of the New South Wales Opioid Treatment Program. The PHDAS also records client admissions to, and exits from, treatment, as well as details of approved prescribers and dosing points. For these reasons, the PHDAS is characterised by continual fluctuations and data extracted at different times for the same period may not be the same. However, while delays in reporting entries to the program, exits from the program and changes in the status of dosing points cause short-term fluctuations in the database, these flatten out over the course of a full year.</p> <p>Client data are reported in New South Wales as at 30 June.</p>
Victoria	<p>Data are collected from two sources: a quarterly census of pharmacists who are requested to report the actual number of clients being dosed on a snapshot day, and the permit database, which records information about prescribers authorised to prescribe pharmacotherapy drugs, as well as demographic information about clients accessing pharmacotherapy treatment. These two data sources cannot be linked. The Victorian pharmacotherapy system is essentially community-based, other than inpatients in hospitals and in prisons. Although a small number of services receive government funding, services are independent bodies and are not managed directly by government.</p> <p>Client data are reported in Victoria on a snapshot day.</p>
Queensland	<p>Data are collected monthly from pharmacists and entered into a central database managed by Medicines Regulation and Quality. Data are also collected from administrative 'Admission' and 'Discharge' forms. National and Queensland totals may vary slightly due to these data source differences. For example, a client may be counted as registered and having received a dose on the snapshot day, but a dosing point cannot be assigned because the dose consumed on that day was a takeaway dose.</p> <p>Client data are reported in Queensland on a snapshot day.</p>
Western Australia	<p>Data are collected from the monthly reports received from pharmacies and other dosing sites authorised to participate in the Community Program for Opioid Pharmacotherapy (C-POP). The dosing data are entered into the Pharmaceutical Services Branch's Monitoring of Drugs of Dependence System (MODDS) database. Data are also collected from the 'Application for authority', 'Authority to prescribe' and 'Termination of treatment' forms.</p> <p>Client data are reported in Western Australia for the entire month of June. Specifically, pharmacies supply information at the end of June relating to the last dose supplied to the patient. If a patient changes pharmacies mid-month, it is possible that they appear on two pharmacies' monthly transaction reports and are counted twice. Before 2005, Western Australia reported clients over a year.</p>

(continued)

Table 5.1 (continued): Administrative features of the NOPSAD collection in each state and territory

State/territory	Administrative features
South Australia	<p>Data are collected from the forms 'Application for authority', 'Termination of treatment' and 'Request for additional methadone/buprenorphine takeaway', which are entered into a central database system at the Drugs of Dependence Unit, Medicines and Technology Policy and Programs, Department for Health and Ageing (SA). Information from dispensed prescriptions is also collected electronically from pharmacists monthly by the Drugs of Dependence Unit.</p> <p>From 2011, data have been collected via a survey twice a year completed by pharmacists and reported on a snapshot day. Other data are drawn from the Drugs of Dependence Unit's Drugs of Misuse Surveillance System and are about those clients registered for treatment on the snapshot day (but who may not actually receive treatment on that day).</p> <p>From the 4th of April 2011, the Drugs of Dependence Unit introduced new policies permitting any medical practitioner to be authorised to prescribe buprenorphine–naloxone for up to 5 patients for the treatment of opioid drug dependence. This program is known as the Suboxone® Opioid Substitution Program (SOSP). Authorities granted by the Drugs of Dependence Unit are still required to be held before starting treatment with buprenorphine–naloxone, and the usual program rules for all pharmacotherapy programs remain in force. From September 2011, buprenorphine–naloxone film is the only drug option authorised for this program. A prescriber can treat up to a maximum of 5 patients with buprenorphine–naloxone film before having to undertake accreditation by Drug and Alcohol Services South Australia (DASSA) and formal approval by the Drugs of Dependence Unit to be an accredited prescriber via the Opioid Dependence Substitution Program (ODSP). A prescriber cannot provide treatment with buprenorphine alone or methadone liquid without first being accredited.</p>
Tasmania	<p>Data are collected monthly from pharmacists participating in the Tasmanian Opioid Pharmacotherapy Program, and entered into the Drug and Alcohol Pharmacy Information System (DAPIS). This central database is managed through the Pharmaceutical Services Branch, and is a 'live' database, from which a snapshot for any day can be taken. Data from DAPIS are made available for management-style reporting from an intranet-based dashboard system.</p> <p>Client data are reported in Tasmania on a snapshot day.</p>
Australian Capital Territory	<p>Client participation data are collected from the Health Directorate's Alcohol and Drug Services databases and from prescription dosing records provided by community pharmacies. General practitioner and pharmacy participation data are collected from the Chief Health Officer's records and quarterly phone contact.</p> <p>Client data are reported in the Australian Capital Territory on a snapshot day.</p>
Northern Territory	<p>Prescribers complete an 'Application for authority to prescribe a restricted S8 substance for the treatment of addiction' and submit the form with a photograph of the client to the Department of Health, Poisons Control. A contract between the client, prescriber and supplying pharmacy is also required for all applications for maintenance treatments. The information provided is assessed against data held in the Drug Monitoring System database. Non-standard applications are required to be submitted to the S8 and Restricted S4 Substances Clinical Advisory Committee for advice before a decision can be made on whether to issue the authorisation and whether special conditions need to apply. The prescriber is not permitted to prescribe until they receive a signed authorisation document (usually delivered by facsimile). When the prescriber is no longer treating the client, they are required to notify Poisons Control—this may be done by marking the authorisation/copy of application document as ceased, or by other written advice.</p> <p>Client data are reported in the Northern Territory on a snapshot day.</p>

Table 5.2: Methodological differences of the NOPSAD collection in each state and territory

State/territory	Methodological notes
New South Wales	<p>Clients prescribed buprenorphine–naloxone are counted under 'buprenorphine'.</p> <p>Similarly, New South Wales data collection does not differentiate between prescribers who are authorised to prescribe buprenorphine and those authorised to prescribe buprenorphine–naloxone.</p> <p>Data relating to prescribers refer to active prescribers only.</p> <p>Prescribers authorised to prescribe methadone can additionally be approved to prescribe buprenorphine, but not vice versa. Medical practitioners who manage up to 5 clients do not require an approval to prescribe drugs of addiction under Section 28A of the <i>Poisons and Therapeutic Goods Act 1966</i> (NSW) and are not required to complete pharmacotherapy training. Those who are not accredited/approved prescribers may prescribe up to 5 'stable' patients; that is, you may transfer a patient to them, but they cannot induct a person onto treatment at this time.</p> <p>In New South Wales approved and accredited prescribers can prescribe both methadone and buprenorphine (including buprenorphine–naloxone). The numbers provided in Table 3.1 for New South Wales represent the type of drugs prescribed by active prescribers on 30 June rather than the number of prescribers approved to prescribe each drug type.</p> <p>Data on dosing point sites relate to sites that were dosing at least one client as at 30 June 2011.</p>
Victoria	<p>The apparent uniformity of gender and age breakdown across drug types is not measured but estimated. These data are included in order to enable analysis, but should be treated with caution.</p> <p>The numbers of registered prescribers in Victoria have been revised and are different from data reported previously. The number registered to prescribe more than one drug type changed from 341 to 314 in 2006, from 371 to 350 in 2007, from 407 to 383 in 2008, from 373 to 420 in 2009, and from 460 to 473 in 2011. The number registered to prescribe methadone changed from 84 to 122 in 2009 and from 30 to 122 in 2011.</p> <p>The number of prescribers in Victoria is determined by adding the number of prescribers registered for that year to the number of existing prescribers.</p> <p>In 2012, the number of dosing point sites in Victoria in 2011 was revised, and is different from the figures previously reported. The 2011 numbers changed for pharmacy dosing sites (from 478 to 429), hospital dosing sites (from 29 to 17), and 'other' dosing sites (from 3 to 0).</p> <p>In Victoria, data relating to the Indigenous status of clients are not available.</p>
Queensland	<p>The total number of prescribers for Queensland includes those from private practice, public clinics, correctional facilities and government medical offices.</p> <p>In 2006 and 2007, Queensland excluded clients who were not physically dosed on the snapshot day. In 2008 an 'Other' category was included to capture these clients.</p>
Western Australia	<p>The number of clients receiving pharmacotherapy treatment is reported through the month of June. Before 2005, Western Australia reported clients over the whole year.</p> <p>Prescriber training is provided for all pharmacotherapies currently available. The total number of prescribers includes those treating at least one client as at 30 June 2012 in private practice, public clinics and correctional facilities.</p> <p>In Western Australia, data relating to the Indigenous status of clients are not available.</p>
South Australia	<p>In 2008, South Australia made a slight variation to its collection methodology, which has resulted in a revision of the total client numbers for 2006 (from 2,517 to 2,823) and 2007 (from 2,559 to 2,834). This revision has also resulted in a change in the total number of clients for 2006 (from 38,659 to 38,965) and 2007 (from 38,568 to 38,843).</p> <p>In 2010, the drug type of 9 clients receiving pharmacotherapy was not captured—these clients were removed from all analyses.</p> <p>Clients who did not enter a dosing point on the snapshot day are reported as 'other' when describing clients by dosing point site.</p> <p>All tables include ODSP and SOSP clients and prescribers.</p> <p>In South Australia, data relating to prescribers refer to active prescribers only.</p>
Tasmania	In Tasmania, pharmacotherapy training is provided separately for each pharmacotherapy drug.
Australian Capital Territory	—
Northern Territory	—

Table 5.3: Policies and guidelines for opioid pharmacotherapy in each state and territory, 2012

State/territory	Policies and guidelines for opioid pharmacotherapy
New South Wales	<ul style="list-style-type: none"> • Opioid Treatment Program Clinical Guidelines 2006 for Methadone and Buprenorphine Treatment of Opioid Dependence
Victoria	<ul style="list-style-type: none"> • Policy for Maintenance Pharmacotherapy for Opioid Dependence
Queensland	<ul style="list-style-type: none"> • Queensland Opioid Treatment Program: clinical guidelines 2012
Western Australia	<ul style="list-style-type: none"> • Western Australia Clinical Policies and Procedures for the Use of Methadone and Buprenorphine in the Treatment of Opioid Dependence—October 2007 • Operational Directive 0255/09 Management of C-POP Patients in a Hospital Setting
South Australia	<ul style="list-style-type: none"> • Information for medical practitioners acting as a locum for an accredited community ODSP prescriber • Guidelines for action to be taken in response to serious breaches of the drug treatment programs—ODSP and SOS • Policy for non-supervised dosing of methadone and buprenorphine in drug treatment programs • Policy for split doses methadone in the ODSP • Policy relating to the use of buprenorphine in the ODSP • Protocol for drug treatment program transfer to South Australia • Protocol for drug treatment program transfer interstate/territory • Validity of a South Australia prescription for the ODSP in another state/territory • Validity of an interstate prescription for the ODSP in South Australia • SOS Guidelines—an information handout for medical practitioners in South Australia • Information for a prescriber acting in the absence of the Authority holder (paediatrician) accredited to treat Neonatal Abstinence Syndrome (NAS)
Tasmania	<ul style="list-style-type: none"> • Tasmanian Opioid Pharmacotherapy Policy and Clinical Practice Standards, 2012
Australian Capital Territory	<ul style="list-style-type: none"> • The ACT Opioid Maintenance Treatment Guidelines
Northern Territory	<ul style="list-style-type: none"> • Northern Territory Schedule 8 and Restricted Schedule 4 Substances Policy and Clinical Practice Guidelines

Appendix A: Additional tables

Table A1: Clients receiving pharmacotherapy, by state and territory, on a snapshot day, 1998–2012

Year	NSW	Vic	Qld	WA ^(a)	SA ^(a)	Tas	ACT	NT	Australia	Clients per 10,000 population, Australia
1998	12,107	5,334	3,011	1,654	1,839	306	406	—	24,657	13
1999	12,500	6,700	3,341	2,449	1,985	370	559	2	27,906	15
2000	13,594	7,647	3,588	2,140	2,198	423	615	32	30,237	16
2001	15,069	7,743	3,745	2,307	2,522	464	641	25	32,516	17
2002	15,471	7,700	3,896	3,602	2,417	513	590	21	34,210	17
2003	16,165	8,685	4,289	4,079	2,486	498	686	98	36,986	19
2004	15,719	10,003	4,470	4,437	2,706	576	748	82	38,741	19
2005	16,469	10,753	4,440	2,883	2,857	588	764	183	38,937	19
2006	16,355	10,736	4,637	2,888	2,823	602	790	134	38,965	19
2007	16,348	11,051	4,309	2,822	2,834	600	765	114	38,843	18
2008	17,168	11,821	4,899	2,908	3,052	588	786	125	41,347	19
2009	17,868	12,576	5,116	3,187	3,151	634	792	121	43,445	20
2010	19,114	13,185	5,688	3,342	3,210	620	811	108	46,078	21
2011	18,831	13,755	5,702	3,382	3,183	645	825	123	46,446	21
2012	18,715	14,035	5,819	3,273	3,215	626	893	121	46,697	21

(a) See Table 5.1 and Table 5.2 for more information about WA and SA.

Table A2: Population rates for clients receiving pharmacotherapy, by state and territory, on a snapshot day in 2012 (number of clients per 10,000 population)

Jurisdiction	Clients	Population	Clients per 10,000 population
NSW	18,715	7,290,345	26
Vic	14,035	5,623,492	25
Qld	5,819	4,560,059	13
WA	3,273	2,430,252	13
SA	3,215	1,654,778	19
Tas	626	512,019	12
ACT	893	374,658	24
NT	121	234,836	5
Australia	46,697	22,683,573	21

Source: ABS Australian Demographic Statistics, June 2012.

Table A3: Clients, by pharmacotherapy type, and state and territory, on a snapshot day, 2012

Pharmacotherapy drug type	NSW	Vic	Qld	WA ^(a)	SA	Tas	ACT	NT	Australia
Number									
Methadone	14,245	9,330	3,001	2,183	1,887	320	735	36	31,737
Buprenorphine ^(b)	4,470	584	795	96	255	67	36	14	6,317
Buprenorphine–naloxone	n.a.	4,121	2,023	994	1,073	239	122	71	8,643
Total	18,715	14,035	5,819	3,273	3,215	626	893	121	46,697
Per cent									
Methadone	76.1	66.5	51.6	66.7	58.7	51.1	82.3	29.8	68.0
Buprenorphine ^(b)	23.9	4.2	13.7	2.9	7.9	10.7	4.0	11.6	13.5
Buprenorphine–naloxone	n.a.	29.4	34.8	30.4	33.4	38.2	13.7	58.7	18.5
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Per cent of all clients	40.1	30.1	12.5	7.0	6.9	1.3	1.9	0.3	100.0

(a) See Table 5.1 and Table 5.2 for more information about WA.

(b) NSW counts Buprenorphine–naloxone as 'Buprenorphine'. See Table 5.2 for further details.

Table A4: Clients, by pharmacotherapy type, and state and territory, on a snapshot day, 2006–2011 (per cent)

Pharmacotherapy drug type	NSW	Vic	Qld	WA ^(a)	SA	Tas	ACT	NT	Australia
2011									
Methadone	77.8	65.7	52.5	67.1	61.5	65.0	79.9	25.2	68.9
Buprenorphine ^(b)	22.2	4.7	15.4	4.0	11.0	8.7	5.5	15.4	13.6
Buprenorphine–naloxone	n.a.	29.6	32.1	28.9	27.4	26.4	14.7	59.3	17.5
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Per cent of all clients	40.5	29.6	12.3	7.3	6.9	1.4	1.8	0.3	100.0
2010									
Methadone	78.7	64.3	53.7	67.9	60.6	69.7	77.9	31.5	69.2
Buprenorphine ^(b)	21.3	6.2	14.0	3.8	13.4	8.2	7.4	13.9	13.8
Buprenorphine–naloxone	—	29.5	32.3	28.3	26.0	22.1	14.7	54.6	17.0
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Per cent of all clients	41.5	28.6	12.3	7.3	7.0	1.3	1.8	0.2	100.0
2009									
Methadone	80.7	62.5	55.0	68.2	62.0	74.4	78.9	38.8	70.1
Buprenorphine ^(b)	19.3	8.5	14.7	4.6	14.9	11.8	7.1	14.0	13.8
Buprenorphine–naloxone	n.a.	29.0	30.3	27.2	23.1	13.7	14.0	47.1	16.1
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Per cent of all clients	41.1	28.9	11.8	7.3	7.3	1.5	1.8	0.3	100.0
2008									
Methadone	81.4	60.6	56.1	68.6	63.2	81.6	76.0	39.2	70.0
Buprenorphine ^(b)	18.6	10.2	14.1	6.2	18.5	9.2	11.3	18.4	14.5
Buprenorphine–naloxone	n.a.	29.2	29.9	25.2	18.3	9.2	12.7	42.4	15.5
Total	100.0	100.0	100.1	100.0	100.0	100.0	100.0	100.0	100.0
Per cent of all clients	41.5	28.6	11.8	7.0	7.4	1.4	1.9	0.3	100.0
2007									
Methadone	83.2	60.0	62.1	69.3	64.2	85.3	79.3	42.1	71.7
Buprenorphine ^(b)	16.8	14.0	37.9	8.7	21.7	12.2	10.8	29.8	18.0
Buprenorphine–naloxone	n.a.	26.0	—	21.9	14.1	2.5	9.8	28.1	10.3
Total	100.0	100.0	100.0	99.9	100.0	100.0	99.9	100.0	100.0
Per cent of all clients	42.4	28.7	11.2	7.3	6.6	1.6	2.0	0.3	100.0
2006									
Methadone	83.9	59.6	61.2	64.8	62.5	86.5	75.9	53	71.4
Buprenorphine ^(b)	16.1	26.8	38.8	18.8	30.9	13.5	24.1	30.6	23.2
Buprenorphine–naloxone	n.a.	13.6	—	16.4	6.6	—	—	16.4	5.5
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Per cent of all clients	42.3	27.8	12.0	7.5	6.5	1.6	2.0	0.3	100.0

(a) See Table 5.1 and Table 5.2 for more information about WA.

(b) NSW counts Buprenorphine–naloxone as 'Buprenorphine'. See Table 5.2 for further details.

Table A5: Clients, by sex and pharmacotherapy type, on a snapshot day, 2006–2012

Sex	Methadone	Buprenorphine^(a)	Buprenorphine– naloxone	Total
2012 (number)				
Males	20,360	4,156	5,687	30,203
Females	11,329	2,158	2,935	16,422
Not stated	48	3	21	72
Total	31,737	6,317	8,643	46,697
2012 (per cent)				
Males	64.2	65.8	65.8	64.7
Females	35.7	34.2	34.0	35.2
Not stated	0.2	0.0	0.2	0.2
Total	100.0	100.0	100.0	100.0
2011 (per cent)				
Males	64.3	66.0	66.4	64.9
Females	35.4	33.9	33.2	34.8
Not stated	0.3	0.1	0.4	0.3
Total	100.0	100.0	100.0	100.0
2010 (per cent)				
Males	64.3	66.5	62.6	64.9
Females	35.5	33.4	37.0	34.9
Not stated	0.2	0.1	0.3	0.2
Total	100.0	100.0	100.0	100.0
2009 (per cent)				
Males	64.1	67.1	66.4	64.9
Females	35.7	32.8	33.2	34.9
Not stated	0.2	0.1	0.4	0.2
Total	100.0	100.0	100.0	100.0
2008 (per cent)				
Males	63.4	67	66.7	64.4
Females	36.1	32.8	32.6	35.1
Not stated	0.5	0.3	0.7	0.5
Total	100.0	100.0	100.0	100.0
2007 (per cent)				
Males	63.1	66.5	66.6	64.1
Females	36.4	33.1	32.6	35.4
Not stated	0.5	0.4	0.8	0.5
Total	100.0	100.0	100.0	100.0
2006 (per cent)				
Males	62.8	67.9	65.5	64.2
Females	36.8	31.6	33.3	35.4
Not stated	0.3	0.5	1.1	0.4
Total	100.0	100.0	100.0	100.0

(a) NSW counts Buprenorphine–naloxone as 'Buprenorphine'. See Table 5.2 for further details.

Table A6: Clients, by age group and pharmacotherapy type, on a snapshot day, 2006–2012 (per cent)

Age group	Methadone	Buprenorphine ^(a)	Buprenorphine–naloxone	Total
2012				
29 years or less	11.8	15.2	15.5	13.0
30–39 years	37.5	40.9	44.2	39.2
40–49 years	30.8	28.6	28.0	30.0
50–59 years	17.8	13.6	10.8	15.9
60 years and over	2.0	1.7	1.3	1.8
Not stated	0.1	—	0.1	0.1
Total	100.0	100.0	100.0	100.0
2011				
29 years or less	14.0	17.4	18.0	15.1
30–39 years	38.3	41.1	44.4	39.7
40–49 years	30.0	27.6	26.3	29.0
50–59 years	16.2	12.3	10.0	14.6
60 years and over	1.6	1.3	1.0	1.4
Not stated	—	0.3	0.2	0.1
Total	100.0	100.0	100.0	100.0
2010				
29 years or less	16.9	19.8	21.8	18.1
30–39 years	38.3	42.0	44.4	39.8
40–49 years	29.2	26.6	23.9	27.9
50–59 years	14.6	10.7	9.0	13.1
60 years and over	1.1	0.9	0.7	1.0
Not stated	—	—	0.1	0.01
Total	100.0	100.0	100.0	100.0
2009				
29 years or less	16.6	21.7	20.3	17.9
30–39 years	38.6	41.8	44.5	40.0
40–49 years	30.1	26.0	25.5	28.8
50–59 years	13.9	9.7	8.9	12.5
60 years and over	0.9	0.7	0.7	0.8
Total	100.0	100.0	100.0	100.0
2008				
29 years or less	21.2	27.7	28.7	23.3
30–39 years	36.9	40.1	42.5	38.2
40–49 years	29.3	23.5	21.9	27.3
50–59 years	12.0	8.1	6.4	10.6
60 years and over	0.6	0.5	0.5	0.5
Total	100.0	100.0	100.0	100.0
2007				
29 years or less	20.8	27.5	25.3	22.5
30–39 years	37.4	40.4	44.3	38.6
40–49 years	30.1	24.0	22.6	28.3
50–59 years	11.2	7.6	7.2	10.1
60 years and over	0.5	0.5	0.6	0.5
Total	100.0	100.0	100.0	100.0
2006				
29 years or less	25.5	35.1	36.6	28.4
30–39 years	36.2	38.4	40.3	36.9
40–49 years	29.3	21.1	18.8	26.9
50–59 years	8.7	5.1	4.2	7.6
60 years and over	0.3	0.3	0.2	0.3
Total	100.0	100.0	100.0	100.0

(a) NSW counts Buprenorphine–naloxone as 'Buprenorphine'. See Table 5.2 for further details.

Table A7: Clients, by age group, pharmacotherapy type and state and territory, on a snapshot day, 2012

Age group	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Australia	Australia (per cent)
Methadone										
29 years or less	1,460	1,411	294	215	202	24	144	n.p.	3,750	11.8
30–39 years	4,741	4,173	1,054	903	588	147	271	19 ^(b)	11,896	37.5
40–49 years	4,654	2,597	911	641	662	100	201	11	9,777	30.8
50 years and over	3,390	1,132	741	424	435	49	119	6	6,296	19.8
Not stated	—	17	1	—	—	—	—	—	18	0.1
Total	14,245	9,330	3,001	2,183	1,887	320	735	17	31,737	100.0
Median age (years)	41	37	41	39	41	39	38	39	40	..
Buprenorphine^(a)										
29 years or less	701	89	113	18	26	13	3	—	963	15.2
30–39 years	1,760	260	388	47	76	31	14	7	2,583	40.9
40–49 years	1,308	163	187	26	89	15	13	3	1,804	28.6
50 years and over	701	71	107	5	64	8	6	4	966	15.3
Not stated	—	1	—	—	—	—	—	—	1	<0.1
Total	4,470	584	795	96	255	67	36	14	6,317	100.0
Median age (years)	38	37	37	34	42	36	40	45	38	..
Buprenorphine–naloxone										
29 years or less	n.a.	625	336	134	172	48	12	15	1,342	15.5
30–39 years	n.a.	1,842	889	447	447	113	54	30	3,822	44.2
40–49 years	n.a.	1,148	544	279	332	67	37	17	2,424	28.0
50 years and over	n.a.	498	250	134	122	11	19	9	1,043	12.1
Not stated	n.a.	8	4	—	—	—	—	—	12	0.1
Total	n.a.	4,121	2,023	994	1,073	239	122	71	8,643	100.0
Median age (years)	n.a.	37	37	37	38	35	38	37	37	..
Total (all pharmacotherapy drugs)										
29 years or less	2,161	2,125	743	367	400	85	159	15	6,055	13.0
30–39 years	6,501	6,275	2,331	1,397	1,111	291	339	56	18,301	39.2
40–49 years	5,962	3,908	1,642	946	1,083	182	251	31	14,005	30.0
50 years and over	4,091	1,701	1,098	563	621	68	144	19	8,305	17.8
Not stated	—	26	5	—	—	—	—	—	31	0.1
Total	18,715	14,035	5,819	3,273	3,215	626	893	121	46,697	100.0
Median age (years)	40	37	39	38	40	37	38	38	39	..

(a) NSW counts Buprenorphine–naloxone as 'Buprenorphine'. See Table 5.2 for further details.

(b) Refers to clients aged 29 years or less and 30–39 years. The number aged 29 years or less is small (<3).

Table A8: Registered prescribers^(a), by pharmacotherapy type, and state and territory, 2005–2011

Pharmacotherapy drug type	NSW	Vic ^(c)	Qld	WA	SA	Tas	ACT	NT	Australia	Australia (per cent)
2011										
Methadone only	214	122	—	—	—	10	—	—	346	22.3
Buprenorphine only ^(b)	58	—	—	—	—	1	—	—	59	3.8
Buprenorphine–naloxone only	n.a.	—	—	—	13	3	—	—	16	1.0
More than one drug type	285	473	105	116	72	21	47	9	1,128	72.8
Total (number)	557	595	105	116	85	35	47	9	1,549	100.0
Total (per cent)	36.0	38.4	6.8	7.5	5.5	2.3	3.0	0.6	100.0	..
2010										
Methadone only	214	122	1	—	—	—	—	—	337	23.3
Buprenorphine only ^(b)	34	—	—	—	—	—	—	—	34	2.3
Buprenorphine–naloxone only	n.a.	—	1	—	—	—	—	—	1	0.1
More than one drug type	266	444	103	108	77	30	39	10	1,077	74.3
Total (number)	514	566	105	108	77	30	39	10	1,449	100.0
Total (per cent)	35.5	39.1	7.2	7.5	5.3	2.1	2.7	0.7	100.0	..
2009										
Methadone only	228	122	4	—	—	12	9	—	375	26.1
Buprenorphine only ^(b)	58	—	1	—	—	—	—	—	59	4.1
Buprenorphine–naloxone only	n.a.	—	1	—	—	—	—	—	1	0.1
More than one drug type	242	420	115	92	73	23	27	8	1,000	69.7
Total (number)	528	542	121	92	73	35	36	8	1,435	100.0
Total (per cent)	36.8	37.8	8.4	6.4	5.1	2.4	2.5	0.6	100.0	..
2008										
Methadone only	199	122	2	14	—	24	10	—	371	27.1
Buprenorphine only ^(b)	39	—	1	—	—	18	—	—	58	4.2
Buprenorphine–naloxone only	n.a.	—	1	—	—	5	—	—	6	0.4
More than one drug type	257	383	107	69	74	5	26	13	934	68.2
Total (number)	495	505	111	83	74	52	36	13	1,369	100.0
Total (per cent)	36.2	36.9	8.1	6.1	5.4	3.8	2.6	0.9	100.0	..
2007										
Methadone only	176	122	2	15	—	29	11	—	355	27.9
Buprenorphine only ^(b)	30	—	5	1	—	18	—	—	54	4.2
Buprenorphine–naloxone only	n.a.	—	—	—	—	5	—	—	5	0.4
More than one drug type	246	350	92	70	74	—	14	14	860	67.5
Total (number)	452	472	99	86	74	52	25	14	1,274	100.0
Total (per cent)	35.5	37.0	7.8	6.8	5.8	4.1	2.0	1.1	100.0	..

(continued)

Table A8 (continued): Registered prescribers^(a), by pharmacotherapy type, and state and territory, 2005–2011

Pharmacotherapy drug type	NSW	Vic ^(c)	Qld	WA	SA	Tas	ACT	NT	Australia	Australia (per cent)
2006^(d)										
Methadone only	123	122	9	15	—	—	13	—	282	23.6
Buprenorphine only ^(b)	287	—	5	1	—	—	12	—	305	25.6
Buprenorphine–naloxone only	n.a.	—	—	—	—	—	—	—	—	—
More than one drug type	—	314	120	52	65	48	—	7	606	50.8
Total (number)	410	436	134	68	65	48	25	7	1,193	100.0
Total (per cent)	34.4	36.5	11.2	5.7	5.4	4.0	2.1	0.6	100.0	..
2005^{(d)(e)}										
Methadone only	123	112	10	15	—	42	13	—	315	25.5
Buprenorphine only ^(b)	—	—	1	1	—	—	—	—	2	0.2
Methadone and buprenorphine	293	316	114	56	73	39	15	11	917	74.3
Total (number)	416	428	125	72	73	81	28	11	1,234	100.0
Total (per cent)	33.7	34.7	10.1	5.8	5.9	6.6	2.3	0.9	100.0	..

- (a) The states and territories may have different guidelines and policies regarding training to prescribe the pharmacotherapy types for opioid dependence. Please contact their respective health departments for specific information.
- (b) NSW counts Buprenorphine–naloxone as 'Buprenorphine'. See Table 5.2 for further details.
- (c) 2011 prescriber numbers have been revised for Vic and are different from previous publications.
- (d) Data on 'buprenorphine–naloxone only' prescribers were not reported in 2005 and 2006. However, in 2006, buprenorphine–naloxone was available for prescription but no instances of 'buprenorphine–naloxone only' prescribers were reported.
- (e) 'Authorised to prescribe more than one drug type' was not a valid response code in 2005.

Table A9: Clients, by pharmacotherapy type and prescriber type, on a snapshot day, 2005–2012

Prescriber type	Methadone	Buprenorphine ^(a)	Buprenorphine– naloxone	Total
2012 (number)				
Public prescriber ^(c)	8,386	2,428	2,069	12,883
Private prescriber ^(c)	20,471	3,617	6,402	30,490
Public/private prescriber ^(b)	183	79	—	262
Correctional facilities ^(c)	2,697	193	172	3,062
Total	31,737	6,317	8,643	46,697
2012 (per cent)				
Public prescriber	26.4	38.4	23.9	27.6
Private prescriber	64.5	57.3	74.1	65.3
Public/private prescriber ^(b)	0.6	1.3	—	0.6
Correctional facilities	8.5	3.1	2.0	6.6
Total	100.0	100.0	100.0	100.0
2011 (per cent)				
Public prescriber	26.6	37.9	22.3	27.4
Private prescriber	63.4	57.7	75.7	64.8
Public/private prescriber ^(b)	0.6	1.2	0.0	0.6
Correctional facilities	9.4	3.2	2.0	7.2
Total	100.0	100.0	100.0	100.0
2010 (per cent)				
Public prescriber	27.1	37.0	22.2	27.6
Private prescriber	61.7	58.4	75.2	63.51
Public/private prescriber ^(b)	1.0	1.9	—	0.9
Correctional facilities	10.3	2.7	2.6	7.9
Total	100.0	100.0	100.0	100.0
2009 (per cent)				
Public prescriber	27.2	33.9	20.1	26.9
Private prescriber	61.7	60.6	77.3	64.1
Public/private prescriber ^(b)	1.1	2.0	—	1.0
Correctional facilities	10.1	3.5	2.7	8.0
Total	100.0	100.0	100.0	100.0
2008 (per cent)				
Public prescriber	27.3	31.7	20.4	26.9
Private prescriber	62.8	63.6	76.1	65.0
Public/private prescriber ^(b)	1.2	1.8	—	1.1
Correctional facilities	8.7	2.9	3.5	7.0
Total	100.0	100.0	100.0	100.0

(continued)

Table A9 (continued): Clients, by pharmacotherapy type and prescriber type, on a snapshot day, 2005–2012

Prescriber type	Methadone	Buprenorphine ^(a)	Buprenorphine–naloxone	Total
2007 (per cent)				
Public prescriber	27.8	36.2	10.0	27.5
Private prescriber	61.4	59.6	86.1	63.6
Public/private prescriber ^(b)	1.3	1.2	—	1.2
Correctional facilities	9.5	3.0	3.9	7.7
Total	100.0	100.0	100.0	100.0
2006 (per cent)				
Public prescriber	28.3	30.1	8.2	27.7
Private prescriber	61.9	65.2	91.3	64.2
Public/private prescriber ^(b)	1.4	1.0	—	1.2
Correctional facilities	8.4	3.7	0.5	6.9
Total	100.0	100.0	100.0	100.0
2005 (per cent)				
Public prescriber	23.3	20.9	n.a.	23.5
Private prescriber	68.7	75.9	n.a.	69.8
Public/private prescriber ^(b)	0.2	0.1	n.a.	0.1
Correctional facilities	7.8	3.0	n.a.	6.6
Total	100.0	100.0	n.a.	100.0

(a) NSW counts Buprenorphine–naloxone as 'Buprenorphine'. See Table 5.2 for further details.

(b) In NSW, these figures relate to prescribing that cannot be separated into public or private prescribers.

(c) To ensure that small cells are suppressed, some data were moved from 'Correctional facilities' to 'Public prescriber' or 'Private prescriber'. This number was small (<10).

Table A10: Clients, by prescriber type, on a snapshot day, 2005–2012

Prescriber type	2005	2006	2007	2008	2009	2010	2011	2012
Public prescriber	9,133	10,794	10,695	11,106	11,705	12,735	12,711	12,883 ^(b)
Private prescriber	27,192	25,018	24,700	26,878	27,838	29,265 ^(a)	30,093 ^(a)	30,490 ^(b)
Public/private prescriber ^(c)	58	473	453	464	448	428	275	262
Correctional facilities	2,554	2,680	2,995	2,899	3,454	3,650 ^(a)	3,367 ^(a)	3,062 ^(b)
Total	38,937	38,965	38,843	41,347	43,445	46,078	46,446	46,697

(a) To ensure that small cells are suppressed, some data were moved from 'Correctional Facilities' to 'Private Prescriber'. This number was small (<6).

(b) To ensure that small cells are suppressed, some data were moved from 'Correctional facilities' to 'Public prescriber' or 'Private prescriber'. This number was small (<10).

(c) In NSW, these figures relate to prescribing that cannot be separated into public or private prescribers.

Table A11: Clients, prescribers and dosing point sites by state and territory, 2005–2012

	NSW	Vic ^(a)	Qld	WA	SA	Tas	ACT	NT	Australia
2012									
Number									
Total number of clients	18,715	14,035	5,819	3,273	3,215	626	893	121	46,697
Total number of prescribers	593	685	132	95	166	33	56	8	1,768
Total number of dosing points	764	458	470	237	199	55	33	10	2,226
Ratio									
Ratio of clients per prescriber	31.6	20.5	44.1	34.5	19.4	19.0	15.9	15.1	26.4
Ratio of clients per dosing point	24.5	30.6	12.4	13.8	16.2	11.4	27.1	12.1	21.0
2011									
Number									
Total number of clients	18,831	13,755	5,702	3,382	3,183	645	825	123	46,446
Total number of prescribers	557	595	105	116	85	35	47	9	1,549
Total number of dosing points	749	457	435	258	203	55	32	11	2,200
Ratio									
Ratio of clients per prescriber	33.8	23.1	54.3	29.2	37.4	18.4	17.6	13.7	30.0
Ratio of clients per dosing point	25.1	30.1	13.1	13.1	15.7	11.7	25.8	11.2	21.1
2010									
Number									
Total number of clients	19,114	13,185	5,688	3,342	3,210	620	811	108	46,078
Total number of prescribers	514	566	105	108	77	30	39	10	1,449
Total number of dosing points	732	452	479	242	197	55	31	12	2,200
Ratio									
Ratio of clients per prescriber	37.2	23.3	54.2	30.9	41.7	20.7	20.8	10.8	31.8
Ratio of clients per dosing point	26.1	29.2	11.9	13.8	16.3	11.3	26.2	9.0	20.9
2009									
Number									
Total number of clients	17,868	12,576	5,116	3,187	3,151	634	792	121	43,445
Total number of prescribers	528	542	121	92	73	35	36	8	1,435
Total number of dosing points	709	436	474	247	198	54	28	11	2,157
Ratio									
Ratio of clients per prescriber	33.8	23.2	42.3	34.6	43.2	18.1	22.0	15.1	30.3
Ratio of clients per dosing point	25.2	28.8	10.8	12.9	15.9	11.7	28.3	11.0	20.1

(continued)

Table A11 (continued): Clients, prescribers and dosing point sites by state and territory, 2005–2012

	NSW	Vic ^(a)	Qld	WA	SA	Tas	ACT	NT	Australia
2008									
Number									
Total number of clients	17,168	11,821	4,899	2,908	3,052	588	786	125	41,347
Total number of prescribers	495	505	111	83	74	52	36	13	1,369
Total number of dosing points	698	431	470	247	203	50	29	15	2,143
Ratio									
Ratio of clients per prescriber	34.7	23.4	44.1	35.0	41.2	11.3	21.8	9.6	30.2
Ratio of clients per dosing point	24.6	27.4	10.4	11.8	15.0	11.8	27.1	8.3	19.3
2007									
Number									
Total number of clients	16,348	11,051	4,309	2,822	2,834	600	765	114	38,843
Total number of prescribers	452	472	99	86	74	52	25	14	1,274
Total number of dosing points	680	425	484	242	215	49	28	12	2,135
Ratio									
Ratio of clients per prescriber	36.2	23.4	43.5	32.8	38.3	11.5	30.6	8.1	30.5
Ratio of clients per dosing point	24.0	26.0	8.9	11.7	13.2	12.2	27.3	9.5	18.2
2006									
Number									
Total number of clients	16,355	10,736	4,637	2,888	2,823	602	790	134	38,965
Total number of prescribers	410	436	134	68	65	48	25	7	1,193
Total number of dosing points	660	413	503	244	175	48	28	10	2,081
Ratio									
Ratio of clients per prescriber	39.9	24.6	34.6	42.5	43.4	12.5	31.6	19.1	32.7
Ratio of clients per dosing point	24.8	26.0	9.2	11.8	16.1	12.5	28.2	13.4	18.7
2005									
Number									
Total number of clients	16,469	10,753	4,440	2,883	2,857	588	764	183	38,937
Total number of prescribers	416	428	125	72	73	81	28	11	1,234
Ratio									
Ratio of clients per prescriber	39.6	25.1	35.5	40.0	39.1	7.3	27.3	16.6	31.6

(a) 2011 prescriber and dosing point numbers have been revised for Vic and are different from previous publications.

Note: This table has been derived from tables A1, A8 and A13.

Table A12: Ratio^(a) of clients to prescriber, by prescriber type, and state and territory, 2012

Prescriber type	NSW^{(b)(c)}	Vic	Qld	WA	SA^(c)	Tas	ACT	NT	Australia
Public Prescriber	44.9	—	114.4	61.4	85.8	24.0	173.7	20.6	58.0
Private Prescriber	25.9	19.7	25.5	26.6	12.4	17.0	5.7	8.0	20.9
Public/Private Prescriber	9.0	—	—	—	—	—	— ^(d)	—	8.2
Correctional Facilities	74.6	48.2	4.2	31.4	51.4	0.5	94.0	2.0	45.8
Total	31.6	20.5	44.1	34.5	19.4	19.0	15.9	15.1	26.2

(a) This ratio was calculated using the formula: number of clients by all pharmacotherapy types, prescriber type and state/territory (Table 3.3) divided by registered prescribers by prescriber type and state/territory (Table 3.2).

(b) NSW has prescribers who prescribe in more than one location, and as such are counted twice. This will lead to slightly deflated client to prescriber ratios. This occurs in NSW for 7 prescribers.

(c) See Table 5.2 for more information about NSW and SA reporting of registered prescribers.

(d) The number of clients that receive treatment from a public/private prescriber in the ACT are not reported in this collection.

Table A13: Dosing point sites, by state and territory, 2005–06 to 2010–11

Dosing point sites	NSW ^(a)	Vic ^(b)	Qld	WA	SA	Tas	ACT	NT	Australia	Australia (per cent)
2010–11										
Public clinic	37	—	11	1	2	1	1	3	56	2.5
Private clinic	17	—	—	—	—	—	—	—	17	0.8
Pharmacy	618	429	357	249	190	52	30	7	1,932	87.8
Correctional setting	2	11	4	2	8	1	1	1	30	1.4
Other ^(c)	75	17	63	6	3	1	—	—	165	7.5
Total (number)	749	457	435	258	203	55	32	11	2,200	100.0
Total (per cent)	34.0	20.8	19.8	11.7	9.2	2.5	1.5	0.5	100.0	..
2009–2010										
Public clinic	37	—	10	1	2	1	1	3	55	2.5
Private clinic	12	3	—	—	—	—	—	—	15	0.7
Pharmacy	601	421	355	234	184	53	29	7	1,884	85.6
Correctional setting	1	10	11	2	8	1	1	2	36	1.6
Other ^(c)	81	18	103	5	3	—	—	—	210	9.5
Total (number)	732	452	479	242	197	55	31	12	2,200	100.0
Total (per cent)	33.3	20.5	21.8	11.0	9.0	2.5	1.4	0.5	100.0	..
2008–2009										
Public clinic	37	—	10	1	2	1	1	2	54	2.5
Private clinic	12	3	—	—	—	—	—	—	15	0.7
Pharmacy	572	407	354	235	185	52	26	7	1,838	85.2
Correctional setting	1	10	12	2	9	1	1	2	38	1.8
Other ^(c)	87	16	98	9	2	—	—	—	212	9.8
Total (number)	709	436	474	247	198	54	28	11	2,157	100.0
Total (per cent)	32.9	20.2	22.0	11.5	9.2	2.5	1.3	0.5	100.0	..
2007–2008										
Public clinic	37	—	10	1	2	1	1	3	55	2.6
Private clinic	12	3	—	—	—	—	—	—	15	0.7
Pharmacy	558	403	353	233	189	48	26	10	1,820	84.9
Correctional setting	2	10	16	2	10	1	2	2	45	2.1
Other ^(c)	89	15	91	11	2	—	—	—	208	9.7
Total (number)	698	431	470	247	203	50	29	15	2,143	100.0
Total (per cent)	32.6	20.1	21.9	11.5	9.5	2.3	1.4	0.7	100.0	..

(continued)

Table A13 (continued): Dosing point sites, by state and territory, 2005–06 to 2010–11

Dosing point sites	NSW ^(a)	Vic ^(b)	Qld	WA	SA	Tas	ACT	NT	Australia	Australia (per cent)
2006–2007										
Public clinic	37	—	12	1	2	1	1	2	56	2.6
Private clinic	12	3	—	—	—	—	—	—	15	0.7
Pharmacy	547	395	366	239	202	47	25	8	1,829	85.7
Correctional setting	2	17	16	2	8	1	2	2	50	2.3
Other ^(c)	82	10	90	—	3	—	—	—	185	8.7
Total (number)	680	425	484	242	215	49	28	12	2,135	100.0
Total (per cent)	31.9	19.9	22.7	11.3	10.1	2.3	1.3	0.6	100.0	..
2005–2006										
Public clinic	36	—	14	1	2	1	1	1	56	2.7
Private clinic	12	3	—	—	—	—	—	—	15	0.7
Pharmacy	533	385	378	241	164	46	25	7	1,779	85.5
Correctional setting	1	10	20	2	6	1	2	2	44	2.1
Other ^(c)	78	15	91	—	3	—	—	—	187	9.0
Total (number)	660	413	503	244	175	48	28	10	2,081	100.0
Total (per cent)	31.7	19.8	24.2	11.7	8.4	2.3	1.3	0.5	100.0	..

(a) See Tables 5.1 and 5.2 for more information about NSW.

(b) 2010–2011 dosing point site numbers have been revised for Vic and are different from previous publications.

(c) The category 'Other' includes hospital inpatient and outpatients, mobile dosing sites, non-government organisations, doctors' surgeries and dosing points 'not stated'.

Table A14: Clients, by pharmacotherapy type and dosing point site, on a snapshot day, 2006–2012

Dosing point site	Methadone	Buprenorphine ^(a)	Buprenorphine– naloxone	Total
2012 (number)				
Public clinic ^(b)	2,431	1,016	122	3,569
Private clinic	2,600	965	153	3,718
Pharmacy ^(b)	22,377	3,308	7,455	33,140
Correctional setting ^(b)	2,752	201	164	3,117
Hospital ^(b)	378	98	57	533
Other ^{(b)(c)}	787	400	48	1,235
Not reported ^(d)	412	329	644	1,385
Total	31,737	6,317	8,643	46,697
2012 (per cent)				
Public clinic	7.7	16.1	1.4	7.7
Private clinic	8.2	15.3	1.8	8.0
Pharmacy	70.5	52.3	86.2	70.9
Correctional setting	8.7	3.2	1.9	6.7
Hospital	1.2	1.6	0.7	1.2
Other ^(c)	2.5	6.3	0.6	2.6
Not reported ^(d)	1.3	5.2	7.5	3.0
Total	100.0	100.0	100.0	100.0
2011 (per cent)				
Public clinic	8.3	15.9	2.1	8.3
Private clinic	7.3	13.4	0.0	6.8
Pharmacy	69.3	54.8	83.5	69.8
Correctional setting	9.3	3.2	2.1	7.2
Hospital	1.0	1.9	0.7	1.1
Other ^(c)	2.3	4.9	0.4	2.3
Not reported ^(d)	2.4	6.0	11.2	4.5
Total	100.0	100.0	100.0	100.0
2010 (per cent)				
Public clinic	9.1	18.3	2.4	9.2
Private clinic	7.8	14.7	0.2	7.5
Pharmacy	66.7	53.4	83.0	67.6
Correctional setting	10.2	2.8	2.3	7.9
Other ^(c)	3.7	6.4	1.0	3.6
Not reported ^(d)	2.6	4.5	11.1	4.3
Total	100.0	100.0	100.0	100.0

(continued)

Table A14 (continued): Clients, by pharmacotherapy type and dosing point site, on a snapshot day, 2006–2012

Dosing point site	Methadone	Buprenorphine ^(a)	Buprenorphine–naloxone	Total
2009 (per cent)				
Public clinic	9.5	16.5	2.8	9.4
Private clinic	8.0	13.0	0.2	7.4
Pharmacy	68.1	56.9	83.6	69.1
Correctional setting	9.8	3.2	2.4	7.7
Other ^(c)	4.6	10.4	11.1	6.4
Total	100.0	100.0	100.0	100.0
2008 (per cent)				
Public clinic	10.7	14.9	2.9	10.1
Private clinic	8.4	12.7	0.2	7.7
Pharmacy	67.6	59.8	86.9	69.4
Correctional setting	8.8	2.9	3.0	7.1
Other ^(c)	4.5	9.7	7.0	5.7
Total	100.0	100.0	100.0	100.0
2007 (per cent)				
Public clinic	11.9	14.2	2.2	10.8
Private clinic	8.9	9.8	0.7	8.8
Pharmacy	67.1	69.6	93.0	68.9
Correctional setting	9.3	2.7	4.1	8.9
Other ^(c)	2.8	3.7	—	2.7
Total	100	100	100	100
2006^(e) (per cent)				
Public clinic	12.9	12.7	1.5	12.3
Private clinic	9.3	8.5	1.8	8.7
Pharmacy	67.4	73.9	94.5	70.4
Correctional setting	8.5	3.5	2.2	7
Other ^(c)	1.9	1.5	—	1.7
Total	100	100	100	100

(a) NSW counts Buprenorphine–naloxone as 'Buprenorphine'. See Table 5.2 for further details.

(b) To ensure that small cells are suppressed, some data were moved between public clinic, pharmacy, correctional setting, hospital and other. This number was small (<15).

(c) The category 'Other' includes mobile dosing sites, non-government organisations, doctors' surgeries and dosing points 'not stated'. From 2009 and earlier 'Other' also includes 'not reported'.

(d) In Qld, the category 'Not reported' refers to clients who received their pharmacotherapy drug at a dosing point before the 'snapshot/specified' day—that is, they received a takeaway dose. In SA, 'Not reported' refers to clients registered to receive treatment but who failed to dose.

(e) The total estimated number of clients reported in 2006 excludes pharmacotherapy clients in the NT as data relating to dosing point sites and clients were not available.

Table A15: Clients, by pharmacotherapy type, dosing point site, and state and territory, on a snapshot day, 2012

Dosing point site	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Australia
Methadone									
Public clinic	2,197	—	51	10	36	n.p.	137	n.p.	2,431
Private clinic	2,276	—	324	—	—	—	—	—	2,600
Pharmacy	7,423	8,470	2,224	1,875	1,525	320 ^(g)	504	36 ⁽ⁱ⁾	22,377
Correctional facility	1,378	808	18	291	163 ^(f)	—	94	n.p.	2,752
Hospital	203	52	116	7	n.p.	n.p.	—	—	378
Other ^(a)	768	—	19	—	n.p.	—	—	—	787
Not reported ^(b)	—	—	249	—	163	—	—	—	412
Total	14,245	9,330	3,001	2,183	1,887	320	735	36	31,737
Buprenorphine^(c)									
Public clinic	974	—	8	—	7	18	9	n.p.	1,016
Private clinic	872	—	93	—	—	—	—	—	965
Pharmacy	1,956	584 ^(d)	478	96	104	49 ^(h)	27	14 ⁽ⁱ⁾	3,308
Correctional facility	193	n.p.	8	—	—	n.p.	—	n.p.	201
Hospital	90	n.p.	8	—	—	—	—	—	98
Other ^(a)	385	—	15	—	—	—	—	—	400
Not reported ^(b)	—	—	185	—	144	—	—	—	329
Total	4,470	584	795	96	255	67	36	14	6,317
Buprenorphine–naloxone									
Public clinic	n.a.	—	12	4	41	42	16	7	122
Private clinic	n.a.	—	153	—	—	—	—	—	153
Pharmacy	n.a.	4,051	1,117	967 ^(e)	957	193 ^(h)	106	64	7,455
Correctional facility	n.a.	58	13	23	70	n.p.	—	—	164
Hospital	n.a.	12	41	n.p.	—	4	—	—	57
Other ^(a)	n.a.	—	48	—	—	—	—	—	48
Not reported ^(b)	n.a.	—	639	—	5	—	—	—	644
Total	n.a.	4,121	2,023	994	1,073	239	122	71	8,643
Total (all pharmacotherapy drugs)									
Public clinic	3,171	—	71	14	84	60	162	7	3,569
Private clinic	3,148	—	570	—	—	—	—	—	3,718
Pharmacy	9,379	13,105	3,819	2,938	2,586	562	637	114	33,140
Correctional facility	1,571	866	39	314	233	n.p.	94	n.p.	3,117
Hospital	293	64	165	7	n.p.	4	—	—	533
Other ^(a)	1,153	—	82	—	n.p.	—	—	—	1,235
Not reported ^(b)	—	—	1,073	—	312	—	—	—	1,385
Total (number)	18,715	14,035	5,819	3,273	3,215	626	893	121	46,697

(continued)

Table A15 (continued): Clients, by pharmacotherapy type, dosing point site, and state and territory, on a snapshot day, 2012

Dosing point site	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Australia
Total (per cent all pharmacotherapy drugs)									
Public clinic	16.9	—	1.2	0.4	2.6	9.6	18.1	5.8	7.6
Private clinic	16.8	—	9.8	—	—	—	—	—	8.0
Pharmacy	50.1	93.4	65.6	89.8	80.4	89.8	71.3	94.2	71.0
Correctional facility	8.4	6.2	0.7	9.6	7.2	n.p.	10.5	n.p.	6.7
Hospital	1.6	0.5	2.8	0.2	n.p.	0.6	—	—	1.1
Other ^(a)	6.2	—	1.4	—	n.p.	—	—	—	2.6
Not reported ^(b)	—	—	18.4	—	9.7	—	—	—	3.0
Total (per cent)	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0

- (a) The category 'Other' includes mobile dosing sites, community health clinics, non-government organisations, doctors' surgeries and dosing points 'not stated'.
- (b) In Qld, the category 'Not reported' refers to clients who received their pharmacotherapy drug at a dosing point before the 'snapshot/specified' day, that is, they received a takeaway dose. In SA, 'Not reported' refers to clients registered to receive treatment but who failed to dose.
- (c) NSW counts buprenorphine–naloxone as 'Buprenorphine'. See Table 5.2 for further details.
- (d) Refers to the number of clients receiving treatment from a pharmacy, a correctional facility or a hospital. The number of clients by correctional facility or hospital is small (<3 each).
- (e) Refers to the number of clients receiving treatment from a pharmacy or a hospital. The number of clients by hospital is small (<3).
- (f) Refers to the number of clients receiving treatment from a correctional facility, a hospital, or 'other'. The number of clients by hospital or 'other' is small (<3 each).
- (g) Refers to the number of clients receiving treatment from a public clinic, pharmacy or hospital. The number of clients by public clinic or hospital is small (<3 each).
- (h) Refers to the number of clients receiving treatment from a pharmacy or a correctional facility. The number of clients by correctional facility is small (<3).
- (i) Refers to the number of clients receiving treatment from a public clinic, pharmacy or correctional facility. The number of clients by public clinic or correctional facility is small (<3 each).

Appendix B: Data quality statement

National Opioid Pharmacotherapy Statistics Annual Data collection 2012

Summary of key data quality issues

- Each state and territory uses a slightly different method to collect data about the pharmacotherapy used to treat those with opioid dependence. These are driven by differences between the states and territories in relation to legislation, information technology systems and resources. The differences may result in discrepancies when comparing one state or territory with another. Differing administrative features adopted by each state and territory are in Table 5.1 and methodological features are in Table 5.2. Relevant state and territory differences are also highlighted in the footnotes under the relevant tables.
- New South Wales is unable to differentiate between clients prescribed buprenorphine and buprenorphine-naloxone. Clients prescribed buprenorphine-naloxone are counted under 'Buprenorphine'.
- Victoria and Western Australia do not provide data in relation to the Indigenous status of clients.
- In Western Australia, the number of clients receiving pharmacotherapy treatment is reported through the month of June. Before 2005, Western Australia reported clients over the whole year.

Description

This report is based on the NOPSAD collection, which collects information on 3 opioid pharmacotherapy drugs used for treating opioid dependence. These drugs are methadone, buprenorphine and buprenorphine-naloxone (Box 1.2). Each state and territory collects agreed data about clients receiving opioid pharmacotherapy on a snapshot day, usually in June each year. The snapshot day varies between states and territories. See Table 5.1 for information about the use of the snapshot day for each state and territory.

While states and territories strive to report data consistent with agreed standards, the NOPSAD collection is not a national minimum data set and some discrepancies exist between the ways in which data are reported. These discrepancies are discussed in more detail in the administrative features for each state and territory (Table 5.1 and Table 5.2).

The NOPSAD collection is one of a number of data sources that provide a picture of alcohol and other drug treatment services in Australia.

Institutional environment

The AIHW is a major national agency set up by the Australian Government under the *Australian Institute of Health and Welfare Act 1987* to provide reliable, regular and relevant information and statistics on Australia's health and welfare. It is an independent statutory authority established in 1987, governed by a Management Board, and accountable to the Australian Parliament through the Health and Ageing portfolio.

The AIHW aims to improve the health and wellbeing of Australians through better health and welfare information and statistics. It collects and reports information on a wide range of topics and issues, ranging from health and welfare expenditure, hospitals, disease and injury, and mental health, to ageing, homelessness, disability and child protection.

The Institute also plays a role in developing and maintaining national metadata standards. This work contributes to improving the quality and consistency of national health and welfare statistics. The Institute works closely with governments and non-government organisations to achieve greater adherence to these standards in administrative data collections to promote national consistency and comparability of data and reporting.

One of the main functions of the AIHW is to work with the states and territories to improve the quality of administrative data and, where possible, to compile national data sets based on data from each jurisdiction, to analyse these data sets and disseminate information and statistics.

The *Australian Institute of Health and Welfare Act 1987*, in conjunction with compliance to the *Privacy Act 1988* (Cth), ensures that the data collections managed by the AIHW are kept securely and under the strictest conditions with respect to privacy and confidentiality.

For further information see the AIHW website <www.aihw.gov.au/>.

Timeliness

Data are collected by states and territories on a snapshot day, usually in June. Jurisdictions receive, collate and clean this data, providing it in aggregate form to the AIHW between October and December each year. The AIHW then analyses and reports on these data, with annual data available six months after the finalisation of the national data set, usually in June.

Accessibility

Results from the collection are published in an annual report that can be accessed via the AIHW Website. An accompanying data guide is also produced annually. This data guide outlines the data elements to be collected in more detail. Additional data requests can also be made on an ad hoc basis.

Interpretability

Information on opioid use is available in the annual report. Definitions of terms used are in the report to assist with interpretability.

Relevance

The NOPSAD collection is essential in monitoring treatment for opioid dependence nationally. It is one of a number of data sources that provide a picture of alcohol and other drug treatment services in Australia. Data from the collection can also be considered with information from other sources – for instance, the Alcohol and Other Drug Treatment Services National Minimum Data Set (AODTS NMDS) and the National Drug Strategy Household Survey (NDSHS) – to inform debate, policy decisions and planning processes that occur within the broader alcohol and other drug treatment sector. More specifically, pharmacotherapy data are used in states and territories to:

- monitor resources required for pharmacotherapy treatment, such as the number of prescribers and dosing point sites
- monitor and plan services (for example, monitoring prescriber patterns and the number of clients)
- develop and refine policies relating to the treatment of clients with opioid dependency
- track the number of clients moving between the public and private sectors.

Data are also used more broadly to fill gaps in national treatment services data.

Accuracy

NOPSAD data are collected on a snapshot day, usually in June each year. This method is appropriate for the collection and should be kept in mind when comparing the NOPSAD collection with other collections that use different data collection periods.

Due to variations between states and territories in data collection methods and some NOPSAD elements, discrepancies noted in Table 5.1 and Table 5.2 should be kept in mind when interpreting these data.

Coherence

The NOPSAD collection is reported annually. The method of data collection and elements collected is consistent between years allowing for meaningful comparisons over time.

Appendix C: Data requests and related data collections

Data requests

The states and territories are the data custodians of information collected through the NOPSAD collection in their state or territory. The AIHW is the data custodian of collated national information obtained from each state and territory. For the AIHW, data custodianship means responsibility for protection, storage, analysis and dissemination of the data in accordance with the purpose for which the data were collected, the *Australian Institute of Health and Welfare Act 1987* and other relevant privacy principles.

Data requests to the AIHW can only be made for summarised aggregate tables as unit record file data have not been collected in previous years. Four jurisdictions piloted the reporting of unit record file data in 2012, and it is hoped that future collections will be based on unit record data. This collection is not a national minimum data set.

Additional information about the collection is in the *National Opioid Pharmacotherapy Statistical Annual Data (NOPSAD) 2012 collection: data guide*, which is available on the AIHW website: <<http://www.aihw.gov.au/publication-detail/?id=10737422162>>.

Related data collections

As in previous years, a subset of the data presented in this report will be in the forthcoming *Alcohol and other drug treatment services in Australia 2011–12* report, due for release in mid-2013.

If the data you require are not available from the NOPSAD collection, they may be available from the following sources:

- **Alcohol and Other Drug Treatment Services National Minimum Data Set**
Australian Institute of Health and Welfare
<www.aihw.gov.au/alcohol-and-other-drugs-treatment-services-statistics/>
- **Alcohol and Other Drug Treatment Services National Minimum Data Set data cubes**
Australian Institute of Health and Welfare
<www.aihw.gov.au/alcohol-and-other-drug-treatment-services-data-cubes/>
- **National Drug Strategy Household Survey**
Australian Institute of Health and Welfare
<www.aihw.gov.au/national-drugs-strategy-household-surveys/>
- **Pharmaceutical Benefits Scheme**
Department of Health and Ageing
www.pbs.gov.au/info/browse/statistics.

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On a snapshot day in 2012, almost 47,000 clients received pharmacotherapy treatment for their opioid dependence at 2,226 dosing points around Australia.

As in previous years, methadone was the most common pharmacotherapy drug, with around two-thirds (68%) of clients treated with this drug. There were 1,768 prescribers of opioid pharmacotherapy drugs, an increase of 14% from 2011.